

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS

Jeffrey Luffman,  
Plaintiff,

v.

Collinsville Community Unit School District #10, Mark Skertich, Laura Bauer, Brad Hyre,  
Dana Bond, Madison County, Illinois, and Collinsville Police Department, et al.,  
Defendants.

Case No: 25-CV-842-SPM

MOTION TO SUPPLEMENT THE EMERGENCY MOTION FOR TEMPORARY RESTRAINING  
ORDER AND PRELIMINARY INJUNCTION

**Exhibit N – Financial Affidavit Summary**

**Date: 8 May 2025**

**This exhibit summarizes the financial hardship faced by Plaintiff Jeffrey Luffman, as detailed in the financial affidavit submitted to the Circuit Court of Madison County.**

**Plaintiff is a full-time graduate student at Maryville University pursuing a Master of Science in Artificial Intelligence in Business. He is classified as 100% permanently and totally disabled by the United States Department of Veterans Affairs and the Social Security Administration.**

- **Monthly Income: \$13,282.79**
- **Monthly Expenses: \$10,727.81**
- **Monthly Debt Payments: \$4,088.00**
- **Total Monthly Obligations: \$14,815.81**
- **Primary Sources of Income: Army Retirement offset by VA Disability Compensation, SSDI, CRSC, or Combat-Related Special Compensation Pay and Post-9/11 GI Bill benefits**

**Despite these resources, Plaintiff remains financially stable only through student loans and FAFSA-based financial aid. The ongoing financial pressure is the direct result of retaliatory legal actions and litigation costs imposed by Defendants.**

Respectfully Submitted,  
Jeffrey Luffman, Pro Se Plaintiff  
212 Camelot Dr.  
Collinsville, IL 62234  
(636) 675-4864  
jeffrey.luffman@outlook.com

Executed this 8th day of May, 2025.

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  <b>MADISON COUNTY</b>	<b>FINANCIAL AFFIDAVIT (FAMILY &amp; DIVORCE CASES)</b>  <input checked="" type="checkbox"/> <b>Pre-Judgment</b> <input type="checkbox"/> <b>Post-Judgment</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b>  Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	Jeffrey Scott Luffman <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  Collinsville Unit School District #10 et al <b>Respondent</b> <i>(First, middle, last name)</i>	25-cv-842 <b>Case Number</b>

**IMPORTANT:** (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

**NOTE:** Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.

In 4, do not complete 4b and 4c if your contact information is protected pursuant to court order because of domestic violence or abuse.

1. I am the ☒ **Petitioner**    ☐ **Respondent in this case.**
2. I swear or affirm the information in this *Financial Affidavit* and all attached statements are true and correct as of 05/07/2025 .  
*Date*
3. I attached the most recent copies of the following documents *(Check all that apply. You must attach these documents if you have or can get them.)*
  - a. ☒ pay stubs or other proof of income
  - b. ☐ income tax returns *(including K-1, W-2, 1099, and all schedules.)*
  - c. ☒ bank statements
  - d. ☒ other documents in verifying your debts in 14 and your assets in 15:  

bills  
bank statements
4. **Information about myself**
  - a. Name Jeffrey Scott Luffman  

*First*
*Middle*
*Last*
  - b. Phone Number (636) 675-4864
  - c. Home Address 212 Camelot Dr  

*Street Address, Apt.*

Collinsville, IL 62234  

*City*
*State*
*ZIP*
  - d. Date of Birth 01/08/1975
5. **Information about other household members**  
 I live with another adult who helps me pay my expenses. This person is not the Petitioner or Respondent in this case.    ☐ Yes    ☒ No

Enter the Case Number given by the Circuit Clerk: 25-cv-842

In 6, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* forms.

In 6b, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

In 6c, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

**6. My Employment/Business**

a. I am ☒ unemployed

b. I am ☐ employed by someone else

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

*Street Address, Apt.*

*City*

*State*

*ZIP*

Number of paychecks per year: ☐ 12 (monthly) ☐ 24 (two times a month)  
☐ 26 (every two weeks) ☐ 52 (weekly)  
☐ I am paid in cash

Gross income (pay before taxes and deductions) so far this year \$ \_\_\_\_\_  
as of \_\_\_\_\_  
*Date*

**c. Self-Employment or Other Business Income:**

- ☐ own a business as a sole proprietorship.  
☐ as an independent contractor.  
☐ as a member of a partnership.  
☐ as a member of a limited liability company (LLC) not treated as a corporation.  
☐ closely held corporation.  
☐ other flow-through business entity.

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

*Street Address, Apt.*

*City*

*State*

*ZIP*

Gross business receipts for last year \$ \_\_\_\_\_ and so far this year \$ \_\_\_\_\_

Ordinary and necessary expenses required to carry on the business for last year \$ \_\_\_\_\_ and this year \$ \_\_\_\_\_

Do you receive any of the following from the business (check all that apply):

- ☐ Reimbursed meals  
☐ Company car  
☐ Free housing or housing allowance  
☐ Other: \_\_\_\_\_

(You must attach complete federal and state business tax returns for the most recent tax year.)

☐ I have attached one or more *Additional My Employment/Business* forms.

Enter the Case Number given by the Circuit Clerk: 2025-0000323

In 7a, check only one.

In 7a-c, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in 7a, leave 7b blank, but still complete 7c.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In 8, **Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

If you have other income not listed in 8, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in 8 together and enter the total.

**7. My gross income and taxes from last year**

- a. Tax filing status ☐ Married (Joint) ☐ Married (Separate) ☐ Single  
☐ Head of Household ☒ Did not file
- b. I claim on my federal tax return  
☐ the standardized deduction  
☐ itemized deductions
- c. Gross income (before taxes and deductions) last year \$ \_\_\_\_\_
- d. On my last tax return I claimed:  
☐ Child tax credit ☐ Additional child tax credit  
☐ Credit for other dependents ☐ Earned Income Credit  
☐ Dependent care credit

**8. My monthly gross income from all sources**

Regular employment/self-employment earnings from all jobs (salary, wages, base pay, etc.).....	\$ 0.00
Overtime.....	\$ 0.00
Commission.....	\$ 0.00
Tips.....	\$ 0.00
Bonus.....	\$ 0.00
Pension.....	\$ 2448.65
Annuity.....	\$ 0.00
Interest income.....	\$ 0.00
Dividend income.....	\$ 0.00
Trust income.....	\$ 0.00
Social Security Retirement .....	\$ 0.00
Social Security Disability.....	\$ 2,823.60
Social Security Income (SSI) (not included as income for child support purposes) .....	\$ 0.00
Unemployment.....	\$ 0.00
Disability payment (not Social Security).....	\$ 4,216.35
Workers' Compensation.....	\$ 0.00
TANF and SNAP (not included as income for child support purposes).....	\$ 0.00
Military allowances.....	\$ 2,232.35
Investment income.....	\$ 0.00
Rental income.....	\$ 0.00
Partnership income.....	\$ 0.00
Distributions and draws.....	\$ 0.00
Royalty income.....	\$ 0.00
Maintenance received under an order entered in this case or another case that you must report as income on your tax return .....	\$ 0.00
Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return.....	\$ 0.00
Child support for children of this relationship (if this support is paid by the other parent, it does not affect the support calculation).....	\$ 0.00
Social Security payment made to the children of this relationship based on your disability or retirement.....	\$ 667.04
Gifts of money.....	\$ 0.00
Other: _____	\$ 894.80

**Total Gross Monthly Income** **\$ 13282.79**

Enter the Case Number given by the Circuit Clerk: 2022-00000

In 9, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section 13.

In **Total Monthly Deductions**, add the amounts from 9 together and enter the total.

In 10, list any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible.

For 11, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In 12a, enter the amount your household spends on each item each month.

If you have other living expenses not listed in 12a, describe the expense in **Other** and enter the monthly amount.

**9. My monthly payroll deductions**

Federal tax.....	\$ 0.00
State tax.....	\$ 0.00
FICA (or Social Security equivalent, for example, Self-employment) tax).....	\$ 0.00
Medicare tax.....	\$ 0.00
Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent).....	\$ 0.00
<b>Total Monthly Deductions</b>	<b>\$ 0.00</b>

**10. Monthly maintenance payments**

Maintenance being paid or payable to the other party by you under a court order in this case.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you.....	\$ 0.00
<b>Total Maintenance Payments</b>	<b>\$ 0.00</b>

**11. Monthly child Support payments**

Child support being paid for the children of this relationship under a court order in this case or a different case.....	\$ 1036.00
Child support being paid under a court order for children not shared with the other party and who are not part of this case.....	\$ 0.00
Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent, but there is no support order.....	\$ 0.00
<b>Total Child Support Payments</b>	<b>\$ 1036.00</b>

**12. My monthly Living Expenses****a. Household Expenses**

Mortgage or rent.....	\$ 2,235.00
Home equity (HELOC) and second mortgage.....	\$ 0.00
Real estate taxes.....	\$ 0.00
Homeowners or condo association dues and assessments.....	\$ 0.00
Homeowners or renters insurance.....	\$ 133.81
Gas.....	\$ 0.00
Electric.....	\$ 300.00
Telephone.....	\$ 300.00
Cable or satellite TV.....	\$ 60.00
Internet.....	\$ 60.00
Water and sewer.....	\$ 200.00

Enter the Case Number given by the Circuit Clerk: 2022DC000824

In **Subtotal Monthly Household Expenses**, add the amounts in **12a** together and enter the total.

Garbage removal.....	\$ 50.00
Laundry and dry cleaning.....	\$ 200.00
House cleaning service.....	\$ 237.00
Necessary repairs and maintenance to my property.....	\$ 150.00
Pet care.....	\$ 100.00
Groceries, household supplies, and toiletries.....	\$ 1,500.00
Other: .....	\$ 150.00
<b>Subtotal Monthly Household Expenses</b>	
	<b>\$ 5675.81</b>

In **12b**, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in **12b**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Transportation Expenses**, add the amounts in **12b** together and enter the total.

<b>b. Transportation Expenses</b>	
Car payment.....	\$ 907.00
Repairs and maintenance.....	\$ 100.00
Insurance, license, registration and city sticker.....	\$ 209.56
Gasoline.....	\$ 350.00
Taxi, ride-share, bus, and train.....	\$ 0.00
Parking.....	\$ 0.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Transportation Expenses</b>	
	<b>\$ 1566.00</b>

In **12c**, enter the amount you spend monthly **only for yourself** on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

**c. Personal Expenses**

**Medical (out-of-pocket expenses)**

Doctor visits.....	\$ 150.00
Therapy and counseling.....	\$ 0.00
Dental and orthodontia.....	\$ 0.00
Optical.....	\$ 0.00
Medicine.....	\$ 0.00

**Life insurance**

Life (term).....	\$ 0.00
Life (whole or annuity).....	\$ 0.00

Clothing.....	\$ 150.00
Grooming (hair, nails, spa, etc.).....	\$ 0.00
Gym & Club membership Dues.....	\$ 300.00
Entertainment, dining out, and hobbies.....	\$ 0.00
Newspapers, magazines, and subscriptions.....	\$ 100.00
Gifts.....	\$ 0.00
Donations (political, religious, charity, etc.).....	\$ 0.00
Vacations.....	\$ 0.00
Mandatory or voluntary union, trade or professional association dues.....	\$ 0.00
Professional fees (accountants, tax preparers, attorneys).....	\$ 1500.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Personal Expenses</b>	
	<b>\$ 2200.00</b>

If you have other personal expenses not listed in **12c**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Personal Expenses**, add the amounts in **12c** together and enter the total.

In **12d**, enter the amount spent monthly for the minor and dependent children of this relationship only.

**d. Minor and Dependent Children Expenses**

Clothing.....	\$ 150.00
Grooming (hair, nails, spa, etc.).....	\$ 100.00
<b>Education</b>	
Tuition.....	\$ 0.00
Books, fees, and supplies.....	\$ 0.00
School lunch.....	\$ 0.00

Enter the Case Number given by the Circuit Clerk: 2022D-000128

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in 12d, describe the expense in **Other** and enter the amount.

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in 12d together and enter the total.

In 13, enter information about the primary health insurance you have for yourself and your family.

If you have more than one **Health Insurance** carrier, then list other health insurance companies in the *Additional Health Insurance* forms and attach it.

Transportation.....	\$ 0.00
School-sponsored trips and special events.....	\$ 0.00
Uniforms.....	\$ 0.00
Before and after-school care.....	\$ 0.00
Tutoring and summer school.....	\$ 0.00
<b>Medical (out-of-pocket expenses)</b>	
Doctor visits.....	\$ 250.00
Therapy and counseling .....	\$ 0.00
Dental and orthodontics (braces).....	\$ 0.00
Vision.....	\$ 0.00
Medicine.....	\$ 0.00
Allowance.....	\$ 0.00
Childcare and sitters.....	\$ 0.00
Extracurricular activities and sports (including equipment, uniforms, etc.).....	\$ 0.00
Summer and school-break camps.....	\$ 0.00
Vacations (children only).....	\$ 0.00
Entertainment, dining out, and hobbies (children only).....	\$ 0.00
Gifts children give to others.....	\$ 0.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Minor and Dependent Children Expenses</b>	<b>\$ 0.00</b>
<b>Total Monthly Living Expenses (add the subtotals from 12a-d above)</b>	<b>\$ 10727.81</b>

**13. Health Insurance**

I have health insurance: ☒ Yes ☐ No

Name of insurance company: Humana Military TRICARE select

Type of insurance: ☒ Medical ☐ Dental ☐ Orthodontic (braces) ☐ Vision

Type of Policy: ☒ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☒ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: 2

The insurance covers: ☒ Me ☐ My spouse/partner ☒ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ 0.00

This cost is paid by: ☒ Me ☐ My spouse/partner ☐ Other: \_\_\_\_\_

Monthly cost for this insurance for covering children: \$ 0.00

Monthly cost for this insurance for covering children of this relationship (if known): \$ 120.00

Yearly Deductible (amount you pay before your insurance starts to pay):

Per individual \$ 0.00 Per family \$ 0.00

Coinurance (percentage of costs you pay, e.g. 20%): 0%

Copayment (a flat amount you pay per service, e.g. \$20): \$ 0.00

☒ I have attached one or more *Additional Health Insurance* forms because I have more than one health insurance policy.

Enter the Case Number given by the Circuit Clerk, **2023-00842**

In 14, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in 12 and 13 above, such as your mortgage or car payment.

**14. My Debts (do not list expenses included in section 12)**

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.		see attachment	\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

I have attached one or more *Additional My Debts* forms.Amount from *Additional My Debts* (if any) \$**Total Monthly Debt Payments** **\$4088.00**

If you have more than 6 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from 14 together and enter the total. Include any debts listed on any *Additional My Debts* forms.

**Note:**

**Fair Market Value (FMV)** is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://ilcourts.info/forms>.

In 15a, enter your cash and cash equivalents. Do not list account numbers.

**15. My Assets****a. Cash and Cash Equivalents (list balance as of the date of this affidavit)**

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.	USAA	JEFFREY LUFFMAN	Savings	\$ 0.00
2.	USAA	DAISEY LUFFMAN	Checking	\$ 50.00
3.	USAA	DAISEY LUFFMAN	Checking	\$ 71.00

☐ I have attached one or more *Additional Cash and Cash Equivalents* forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.	USAA	JEFFREY LUFFMAN	\$ 1,000.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Certificates of Deposit* forms.

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

**A Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

Cash, Prepaid Debit Cards and Money Transfer Apps like Venmo, PayPal, Apple pay, etc. (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.	CASH APP	Jeffrey Luffman	\$ 82.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

If you have more than 3 **Cash, Prepaid Debit Cards or Money Transfer Apps** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

Enter the Case Number given by the Circuit Clerk 2025-000325

In **15b**, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 **Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes**, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In **15c**, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of **Real Estate**, list them in *Additional Real Estate* forms and attach them.

In **15e** and **15d**, in **Balance Due**, enter the total amount remaining on your loan.

In **15d**, enter information about your motor vehicles.

If you have more than 3 **Motor Vehicles**, list them in *Additional Motor Vehicles* forms and attach them.

In **15e**, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 **Business Interests**, list them in *Additional Business Interests* forms and attach them.

b. **Investment Accounts and Securities** (list FMV or balance as of the date of this affidavit)

Stocks, Bonds, Options, Employee Stock Ownership Plans

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$

☐ I have attached one or more *Additional Investment Accounts and Securities* forms.

Investment/Brokerage Accounts, Mutual Funds, Secured or Unsecured Notes, and Cryptocurrency (list balance as of the date of this affidavit)

	Description of Asset	Owner	Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. **Real Estate** (list FMV and balance due as of the date of this affidavit)

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Real Estate* forms.

d. **Motor Vehicles** (cars, boats, trailers, motorcycles, aircrafts, etc.) (list FMV and balance due as of the date of this affidavit)

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.	2025 TOYOYTA TUNDRA	JEFFREY LUFFMAN	\$ 55,000.00	\$ 59,000.00
2.			\$	\$
3.			\$	\$
4.			\$	\$

☐ I have attached one or more *Additional Motor Vehicles* forms.

e. **Business Interests** (list FMV as of the date of this affidavit)

	Name of Business	Type of Business	% of Ownership	FMV
1.	LOVES BOOKS	BOOKS	100%	\$ 0.00
2.				\$
3.				\$

☐ I have attached one or more *Additional Business Interests* forms.

Enter the Case Number given by the Circuit Clerk: XXXXXXXXXX

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 **Life Insurance Policies**, list them in *Additional Life Insurance Policies* forms and attach them.

In **15g**, enter information about retirement benefits (vested and non-vested).

If you have more than 3 **Retirement Benefits and Deferred Compensation** plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In **15h**, enter information for valuable collectible items.

If you have more than 3 **Valuable Collectibles**, list them in *Additional Valuable Collectibles* forms and attach them.

In **15i**, enter information for other personal property with fair market value over \$500.

If you have more than 3 items of **Personal Property Valued Over \$500**, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In **15j**, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in **8**.

If you have sold or transferred more than 3 **Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000**, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. **Life Insurance Policies** (list cash balance as of the date of this affidavit)

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Life Insurance Policies* forms.

g. **Retirement Benefits and Deferred Compensation** (pension plan, annuity, IRA, 401(k), 403(b), SEP) (list FMV and or account balance as of the date of this affidavit)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

h. **Valuable Collectibles** (coins, stamps, art, antiques, etc.)

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Valuable Collectibles* forms.

i. **Other Personal Property Valued Over \$500**

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. **Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000**

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$
3.				\$

☐ I have attached one or more *Additional Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

Enter the Case Number given by the Circuit Clerk: 2022 DC 0000355

In 16, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In 17, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

**16. Lawsuits and Claims (workers' compensation, disability, etc.)**

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Lawsuits and Claims* forms.

**17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)**

	Tax year	Federal		State	
1.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$
2.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name and date it.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

/s/ Jeffrey Scott Luffman  
Your Signature

Jeffrey Scott Luffman  
Your Name

05/07/2025  
Date

**IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS**

**JEFF LUFFMAN,**

Plaintiff,

v.

**MAEGEN ROZYCKI,**

Respondent.

Case No.: 22-DC-325

**MOTION TO SUBMIT FINANCIAL AFFIDAVIT**

NOW COMES the Plaintiff, **Jeff Luffman**, pro se, and respectfully moves this Honorable Court to accept his Financial Affidavit in the above-captioned matter. In support thereof, Plaintiff states as follows:

1. Plaintiff is currently a full-time graduate student at Maryville University pursuing a Master of Science in Artificial Intelligence in Business.
2. Plaintiff is classified as **100% permanently and totally disabled** by both the United States Department of Veterans Affairs and the Social Security Administration.
3. Plaintiff's current total monthly income is **\$13,282.79**, which includes VA disability compensation, Social Security Disability Insurance (SSDI), and educational assistance under the Post-9/11 GI Bill.
4. Plaintiff's total monthly living expenses are **\$10,727.81**, which cover basic needs, housing, transportation, insurance, and essential services.
5. Plaintiff also has ongoing **monthly debt payments totaling \$4,088**, which include court-related costs, creditor obligations, and necessary personal expenses.
6. Despite the imbalance between income and obligations, Plaintiff is able to meet his financial commitments due to the combination of GI Bill support and FAFSA-based financial aid, which collectively provide the necessary supplemental support.
7. Plaintiff has prepared and hereby submits a current and accurate Financial Affidavit as required by this Court.

WHEREFORE, Plaintiff respectfully requests that this Court accept the attached Financial Affidavit as part of the official record in this matter, and for such other and further relief as the Court deems just and proper.

Respectfully submitted,

/s/ JEFFREY LUFFMAN

JEFFREY LUFFMAN, Pro Se Litigant

212 Camelot Dr  
Collinsville, IL 62234  
636-675-4864  
[jeffrey.luffman@outlook.com](mailto:jeffrey.luffman@outlook.com)

## **VERIFICATION**

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I, JEFFREY LUFFMAN, certify that I have read the foregoing Motion to Submit Financial Affidavit and that the statements set forth therein are true and correct to the best of my knowledge and belief.

**7 may 2025**

/s/ JEFFREY LUFFMAN

JEFFREY LUFFMAN, Pro Se Litigant

212 Camelot Dr

Collinsville, IL 62234

636-675-4864

[jeffrey.luffman@outlook.com](mailto:jeffrey.luffman@outlook.com)

**Certificate of Service**

The undersigned certifies that a true and correct copy of the foregoing Motion to Submit Financial Affidavit was served upon:

**Michael Wesley (Guardian ad Litem)**

The Law Office of Michael Wesley  
17 N Whitelaw Ave, Wood River, IL 62095

**Michael Swanson (Counsel for Respondent)**

Swanson Law Firm, LLC  
315 N Main St, Edwardsville, IL 62025

via [insert method of service, e.g., email, U.S. Mail, or personal delivery] on this 7th day of May, 2025.

/s/ JEFFREY LUFFMAN  
JEFFREY LUFFMAN, Pro Se Litigant  
212 Camelot Dr  
Collinsville, IL 62234  
636-675-4864  
[jeffrey.luffman@outlook.com](mailto:jeffrey.luffman@outlook.com)

SOCIAL SECURITY ADMINISTRATION

Date: April 7, 2023  
BNC#: 23BC571B41776  
REF: C1

JEFFREY LUFFMAN  
DAISEY J LUFFMAN  
APT 322  
2901 UNIVERSITY MDS DR  
ST LOUIS MO 63121

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly  
Social Security benefit before any deductions is.....\$ 667.40

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 667.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly  
Social Security benefit before any  
deductions was.....\$ 614.00

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was.....\$ 614.00  
(We must round down to the whole dollar.)

Date of Birth Information

The date of birth shown on our records is September 22, 2017.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).


IF YOU HAVE QUESTIONS

Need more help?

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 888-810-7291.

SOCIAL SECURITY  
25 N OAKS PLZ  
SAINT LOUIS, MO 63121

How are we doing? Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

  
OFFICE MANAGER



## Social Security Administration Benefit Verification Letter

Date: January 15, 2025  
BNC#: 25UA458D28454  
REF: A



JEFFREY SCOTT LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2024, the full monthly Social Security benefit before any deductions is \$2,823.60.

We deduct \$185.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,638.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on March 19, 2018.

### Information About Past Social Security Benefits

From December 2023 to November 2024, the full monthly Social Security benefit before any deductions was \$2,754.80.

We deducted \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,580.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

25UA458D28454

Page 2 of 2

### **Medicare Information**

You are entitled to hospital insurance under Medicare beginning August 2021.

You are entitled to medical insurance under Medicare beginning August 2021.

Your Medicare number is 7GP5EP2VW77. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

### **Date of Birth Information**

The date of birth shown on our records is January 8, 1975.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

#### **Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-405-0471**.

SOCIAL SECURITY  
WEST POINTE CENTER  
227 W POINTE DR  
BELLEVILLE IL 62226

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>		<b>FINANCIAL AFFIDAVIT (FAMILY &amp; DIVORCE CASES)</b>	<i>For Court Use Only</i>
<b>MADISON COUNTY</b>		<input checked="" type="checkbox"/> <b>Pre-Judgment</b> <input type="checkbox"/> <b>Post-Judgment</b>	
<b>Instructions ▼</b>	<div>Jeffrey Scott Luffman <i>Petitioner (First, middle, last name)</i></div> <div>v.</div> <div>Maegen Rozycki <i>Respondent (First, middle, last name)</i></div>		<div>2022DC000325 <b>Case Number</b></div>
Enter above the county name where the case was filed.			
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.			
Enter the Case Number given by the Circuit Clerk.			

**IMPORTANT:** (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

**NOTE:** Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.

In 4, do not complete 4b and 4c if your contact information is protected pursuant to court order because of domestic violence or abuse.

1. I am the ☒ **Petitioner**    ☐ **Respondent** in this case.
2. I swear or affirm the information in this *Financial Affidavit* and all attached statements are true and correct as of 05/07/2025 .  
*Date*
3. I attached the most recent copies of the following documents (Check all that apply. You must attach these documents if you have or can get them.)
  - a. ☒ pay stubs or other proof of income
  - b. ☐ income tax returns (including K-1, W-2, 1099, and all schedules.)
  - c. ☒ bank statements
  - d. ☒ other documents in verifying your debts in 14 and your assets in 15:  
bills  
bank statements
4. **Information about myself**
  - a. Name Jeffrey Scott Luffman  
*First Middle Last*
  - b. Phone Number (636) 675-4864
  - c. Home Address 212 Camelot Dr  
*Street Address, Apt.*  
Collinsville, IL 62234  
*City State ZIP*
  - d. Date of Birth 01/08/1975
5. **Information about other household members**

I live with another adult who helps me pay my expenses. This person is not the Petitioner or Respondent in this case.    ☐ Yes    ☒ No

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 6, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* forms.

In 6b, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

In 6c, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

## 6. My Employment/Business

a. I am ☒ unemployed

b. I am ☐ employed by someone else

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Street Address, Apt. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Number of paychecks per year: ☐ 12 (monthly) ☐ 24 (two times a month)  
☐ 26 (every two weeks) ☐ 52 (weekly)  
☐ I am paid in cash

Gross income (pay before taxes and deductions) so far this year \$ \_\_\_\_\_  
as of \_\_\_\_\_  
Date \_\_\_\_\_

## c. Self-Employment or Other Business Income:

- ☐ own a business as a sole proprietorship.  
☐ as an independent contractor.  
☐ as a member of a partnership.  
☐ as a member of a limited liability company (LLC) not treated as a corporation.  
☐ closely held corporation.  
☐ other flow-through business entity.

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Street Address, Apt. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Gross business receipts for last year \$ \_\_\_\_\_ and so far this year \$ \_\_\_\_\_  
Ordinary and necessary expenses required to carry on the business for  
last year \$ \_\_\_\_\_ and this year \$ \_\_\_\_\_

Do you receive any of the following from the business (check all that apply):

- ☐ Reimbursed meals  
☐ Company car  
☐ Free housing or housing allowance  
☐ Other: \_\_\_\_\_

(You must attach complete federal and state business tax returns for the most recent tax year.)

☐ I have attached one or more *Additional My Employment/Business* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 7a, check only one.

In 7a-c, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in 7a, leave 7b blank, but still complete 7c.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In 8, **Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

If you have other income not listed in 8, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in 8 together and enter the total.

## 7. My gross income and taxes from last year

- a. Tax filing status ☐ Married (Joint) ☐ Married (Separate) ☐ Single  
☐ Head of Household ☒ Did not file
- b. I claim on my federal tax return  
☐ the standardized deduction  
☐ itemized deductions
- c. Gross income (before taxes and deductions) last year \$ \_\_\_\_\_
- d. On my last tax return I claimed:  
☐ Child tax credit ☐ Additional child tax credit  
☐ Credit for other dependents ☐ Earned Income Credit  
☐ Dependent care credit

## 8. My monthly gross income from all sources

Regular employment/self-employment earnings from all jobs (salary, wages, base pay, etc.).....	\$ 0.00
Overtime.....	\$ 0.00
Commission.....	\$ 0.00
Tips.....	\$ 0.00
Bonus.....	\$ 0.00
Pension.....	\$ 2448.65
Annuity.....	\$ 0.00
Interest income.....	\$ 0.00
Dividend income.....	\$ 0.00
Trust income.....	\$ 0.00
Social Security Retirement .....	\$ 0.00
Social Security Disability.....	\$ 2,823.60
Social Security Income (SSI) (not included as income for child support purposes) .....	\$ 0.00
Unemployment.....	\$ 0.00
Disability payment (not Social Security).....	\$ 4,216.35
Workers' Compensation.....	\$ 0.00
TANF and SNAP (not included as income for child support purposes).....	\$ 0.00
Military allowances.....	\$ 2,232.35
Investment income.....	\$ 0.00
Rental income.....	\$ 0.00
Partnership income.....	\$ 0.00
Distributions and draws.....	\$ 0.00
Royalty income.....	\$ 0.00
Maintenance received under an order entered in this case or another case that you must report as income on your tax return .....	\$ 0.00
Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return.....	\$ 0.00
Child support for children of this relationship (if this support is paid by the other parent, it does not affect the support calculation).....	\$ 0.00
Social Security payment made to the children of this relationship based on your disability or retirement.....	\$ 667.04
Gifts of money.....	\$ 0.00
Other: .....	\$ 894.80

**Total Gross Monthly Income** \$ 13282.79

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 9, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section 13.

In **Total Monthly Deductions**, add the amounts from 9 together and enter the total.

In 10, list any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible.

For 11, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In 12a, enter the amount your household spends on each item each month.

If you have other living expenses not listed in 12a, describe the expense in **Other** and enter the monthly amount.

**9. My monthly payroll deductions**

Federal tax.....	\$ 0.00
State tax.....	\$ 0.00
FICA (or Social Security equivalent, for example, Self-employment tax).....	\$ 0.00
Medicare tax.....	\$ 0.00
Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent).....	\$ 0.00
<b>Total Monthly Deductions</b>	<b>\$ 0.00</b>

**10. Monthly maintenance payments**

Maintenance being paid or payable to the other party by you under a court order in this case.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you.....	\$ 0.00
<b>Total Maintenance Payments</b>	<b>\$ 0.00</b>

**11. Monthly child Support payments**

Child support being paid for the children of this relationship under a court order in this case or a different case.....	\$ 1036.00
Child support being paid under a court order for children not shared with the other party and who are not part of this case.....	\$ 0.00
Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent, but there is no support order.....	\$ 0.00
<b>Total Child Support Payments</b>	<b>\$ 1036.00</b>

**12. My monthly Living Expenses**

<b>a. Household Expenses</b>	<b>\$ 2,235.00</b>
Mortgage or rent.....	\$ 0.00
Home equity (HELOC) and second mortgage.....	\$ 0.00
Real estate taxes.....	\$ 0.00
Homeowners or condo association dues and assessments.....	\$ 133.81
Homeowners or renters insurance.....	\$ 0.00
Gas.....	\$ 300.00
Electric.....	\$ 300.00
Telephone.....	\$ 60.00
Cable or satellite TV.....	\$ 60.00
Internet.....	\$ 200.00
Water and sewer.....	

(02/24)

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In Subtotal Monthly Household Expenses, add the amounts in 12a together and enter the total.

Garbage removal.....	\$ 50.00
Laundry and dry cleaning.....	\$ 200.00
House cleaning service.....	\$ 237.00
Necessary repairs and maintenance to my property.....	\$ 150.00
Pet care.....	\$ 100.00
Groceries, household supplies, and toiletries.....	\$ 1,500.00
Other: .....	\$ 150.00
<b>Subtotal Monthly Household Expenses</b>	
	<b>\$ 5675.81</b>

In 12b, enter the amount you spend monthly on each type of transportation expense.  
If you have other transportation expenses not listed in 12b, describe the expense in Other and enter the monthly amount.

In Subtotal Monthly Transportation Expenses, add the amounts in 12b together and enter the total.

In 12c, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

b. Transportation Expenses	\$ 907.00
Car payment.....	\$ 100.00
Repairs and maintenance.....	\$ 209.56
Insurance, license, registration and city sticker.....	\$ 350.00
Gasoline.....	\$ 0.00
Taxi, ride-share, bus, and train.....	\$ 0.00
Parking.....	\$ 0.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Transportation Expenses</b>	
	<b>\$ 1566.00</b>

c. Personal Expenses

Medical (out-of-pocket expenses)	\$ 150.00
Doctor visits.....	\$ 0.00
Therapy and counseling.....	\$ 0.00
Dental and orthodontia.....	\$ 0.00
Optical.....	\$ 0.00
Medicine.....	\$ 0.00
Life insurance	\$ 0.00
Life (term).....	\$ 0.00
Life (whole or annuity).....	\$ 150.00
Clothing.....	\$ 0.00
Grooming (hair, nails, spa, etc.).....	\$ 300.00
Gym & Club membership Dues.....	\$ 0.00
Entertainment, dining out, and hobbies.....	\$ 100.00
Newspapers, magazines, and subscriptions.....	\$ 0.00
Gifts.....	\$ 0.00
Donations (political, religious, charity, etc.).....	\$ 0.00
Vacations.....	\$ 0.00
Mandatory or voluntary union, trade or professional association dues.....	\$ 1500.00
Professional fees (accountants, tax preparers, attorneys).....	\$ 0.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Personal Expenses</b>	
	<b>\$ 2200.00</b>

If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.

In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.

In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.

d. Minor and Dependent Children Expenses	\$ 150.00
Clothing.....	\$ 100.00
Grooming (hair, nails, spa, etc.).....	
Education	\$ 0.00
Tuition.....	\$ 0.00
Books, fees, and supplies.....	\$ 0.00
School lunch.....	\$ 0.00

(02/24)

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in **12d**, describe the expense in **Other** and enter the amount.

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in **12d** together and enter the total.

In **13**, enter information about the primary health insurance you have for yourself and your family.

If you have more than one **Health Insurance** carrier, then list other health insurance companies in the **Additional Health Insurance** forms and attach it.

Transportation.....	\$ 0.00
School-sponsored trips and special events.....	\$ 0.00
Uniforms.....	\$ 0.00
Before and after-school care.....	\$ 0.00
Tutoring and summer school.....	\$ 0.00
<b>Medical (out-of-pocket expenses)</b>	
Doctor visits.....	\$ 250.00
Therapy and counseling .....	\$ 0.00
Dental and orthodontics (braces).....	\$ 0.00
Vision.....	\$ 0.00
Medicine.....	\$ 0.00
Allowance.....	\$ 0.00
Childcare and sitters.....	\$ 0.00
Extracurricular activities and sports (including equipment, uniforms, etc.).....	\$ 0.00
Summer and school-break camps.....	\$ 0.00
Vacations (children only).....	\$ 0.00
Entertainment, dining out, and hobbies (children only).....	\$ 0.00
Gifts children give to others.....	\$ 0.00
Other: .....	\$ 0.00
<b>Subtotal Monthly Minor and Dependent Children Expenses</b>	
	\$ 0.00
<b>Total Monthly Living Expenses (add the subtotals from 12a-d above)</b>	
	\$ 10727.81

**13. Health Insurance**

I have health insurance: ☒ Yes ☐ No

Name of insurance company: Humana Military TRICARE select

Type of insurance: ☒ Medical ☐ Dental ☐ Orthodontic (braces) ☐ Vision

Type of Policy: ☒ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☒ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: 2

The insurance covers: ☒ Me ☐ My spouse/partner ☒ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ 0.00

This cost is paid by: ☒ Me ☐ My spouse/partner ☐ Other: \_\_\_\_\_

Monthly cost for this insurance for covering children: \$ 0.00

Monthly cost for this insurance for covering children of this relationship (if known): \$ 120.00

Yearly Deductible (amount you pay before your insurance starts to pay):

Per individual \$ 0.00 Per family \$ 0.00

Coinurance (percentage of costs you pay, e.g. 20%): 0%

Copayment (a flat amount you pay per service, e.g. \$20): \$ 0.00

☒ I have attached one or more **Additional Health Insurance** forms because I have more than one health insurance policy.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 14, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in 12 and 13 above, such as your mortgage or car payment.

**14. My Debts (do not list expenses included in section 12)**

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.		see attachment	\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

If you have more than 6 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from 14 together and enter the total. Include any debts listed on any *Additional My Debts* forms.

I have attached one or more *Additional My Debts* forms.

Amount from *Additional My Debts* (if any) \$

**Total Monthly Debt Payments** \$4088.00

**Note:**

**Fair Market Value (FMV)** is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://ilcourts.info/forms>.

In 15a, enter your cash and cash equivalents. Do not list account numbers.

**15. My Assets**

a. Cash and Cash Equivalents (list balance as of the date of this affidavit)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.	USAA	JEFFREY LUFFMAN	Savings	\$ 0.00
2.	USAA	DAISEY LUFFMAN	Checking	\$ 50.00
3.	USAA	DAISEY LUFFMAN	Checking	\$ 71.00

☐ I have attached one or more *Additional Cash and Cash Equivalents* forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.	USAA	JEFFREY LUFFMAN	\$ 1,000.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Certificates of Deposit* forms.

Cash, Prepaid Debit Cards and Money Transfer Apps like Venmo, PayPal, Apple pay, etc. (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.	CASH APP	Jeffrey Luffman	\$ 82.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

If you have more than 3 **Checking, Savings, Money Market or Other Bank or Credit Union Accounts**, list them in *Additional Cash and Cash Equivalents* forms and attach them.

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

A **Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

If you have more than 3 **Cash, Prepaid Debit Cards or Money Transfer Apps** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 15b, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In 15c, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of Real Estate, list them in *Additional Real Estate* forms and attach them.

In 15c and 15d, in **Balance Due**, enter the total amount remaining on your loan.

In 15d, enter information about your motor vehicles.

If you have more than 3 Motor Vehicles, list them in *Additional Motor Vehicles* forms and attach them.

In 15e, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 Business Interests, list them in *Additional Business Interests* forms and attach them.

b. Investment Accounts and Securities (list FMV or balance as of the date of this affidavit)  
Stocks, Bonds, Options, Employee Stock Ownership Plans

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$

☐ I have attached one or more *Additional Investment Accounts and Securities* forms.

Investment/Brokerage Accounts, Mutual Funds, Secured or Unsecured Notes, and Cryptocurrency (list balance as of the date of this affidavit)

	Description of Asset	Owner	Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. Real Estate (list FMV and balance due as of the date of this affidavit)

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Real Estate* forms.

d. Motor Vehicles (cars, boats, trailers, motorcycles, aircrafts, etc.) (list FMV and balance due as of the date of this affidavit)

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.	2025 TOYOTA TUNDRA	JEFFREY LUFFMAN	\$ 55,000.00	\$ 59,000.00
2.			\$	\$
3.			\$	\$
4.			\$	\$

☐ I have attached one or more *Additional Motor Vehicles* forms.

e. Business Interests (list FMV as of the date of this affidavit)

	Name of Business	Type of Business	% of Ownership	FMV
1.	LOVES BOOKS	BOOKS	100%	\$ 0.00
2.				\$
3.				\$

☐ I have attached one or more *Additional Business Interests* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 15f, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 Life Insurance Policies, list them in *Additional Life Insurance Policies* forms and attach them.

In 15g, enter information about retirement benefits (vested and non-vested).

If you have more than 3 Retirement Benefits and Deferred Compensation plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In 15h, enter information for valuable collectible items.

If you have more than 3 Valuable Collectibles, list them in *Additional Valuable Collectibles* forms and attach them.

In 15i, enter information for other personal property with fair market value over \$500.

If you have more than 3 items of Personal Property Valued Over \$500, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In 15j, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in 8. If you have sold or transferred more than 3 Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. Life Insurance Policies (list cash balance as of the date of this affidavit)

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Life Insurance Policies* forms.

g. Retirement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k), 403(b), SEP) (list FMV and or account balance as of the date of this affidavit)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

h. Valuable Collectibles (coins, stamps, art, antiques, etc.)

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Valuable Collectibles* forms.

i. Other Personal Property Valued Over \$500

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$
3.				\$

☐ I have attached one or more *Additional Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  <b>MADISON COUNTY</b>		<b>Additional Health Insurance (FINANCIAL AFFIDAVIT)</b>  <input checked="" type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	Jeffrey Scott Luffman <b>Petitioner</b> (First, middle, last name)  v.  Maegen Rozycki <b>Respondent</b> (First, middle, last name)		2022DC000325 <b>Case Number</b>

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Fill out this form only if you have additional **Health Insurance** carriers. If you fill out this form, attach it to your *Financial Affidavit*.

In 13, enter information about the primary health insurance you have for yourself and your family.

### 13. Health Insurance

I have health insurance: ☒ Yes ☐ No

Name of insurance company: BENEFEDS

Type of insurance: ☐ Medical ☒ Dental ☐ Orthodontic (braces) ☐ Vision

Type of Policy: ☒ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☒ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: 1

The insurance covers: ☐ Me ☐ My spouse/partner ☒ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ 0.00

This cost is paid by: ☒ Me ☐ My spouse/partner ☐ Other: \_\_\_\_\_

Monthly cost for this insurance for covering children: \$ 0.00

Monthly cost for this insurance for covering children of this relationship (if known): \$ 0.00

Yearly Deductible (amount you pay before your insurance starts to pay):

Per individual \$ 0.00 Per family \$ 0.00

Coinurance (percentage of costs you pay, e.g. 20%): 0%

Copayment (a flat amount you pay per service, e.g. \$20): \$ 0.00

☐ I have more than two health insurance policies and so I have attached

\_\_\_\_\_  
*Additional Health Insurance forms*  
 Number

If you are attaching more than one additional health insurance forms, list the number of forms you are attaching.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 16, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In 17, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

**16. Lawsuits and Claims (workers' compensation, disability, etc.)**

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Lawsuits and Claims* forms.

**17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)**

	Tax year	Federal		State	
1.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$
2.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name and date it.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.**

/s/ Jeffrey Scott Luffman  
Your Signature

Jeffrey Scott Luffman  
Your Name

05/07/2025  
Date

## JEFFREY LUFFMAN Financial Affidavit attachment

**Creditor Summary:**

- **Ashley Advantage Credit Card**  
Amount Owed: \$5,962  
Monthly Payment: \$300
- **Home Depot Consumer Credit Card**  
Amount Owed: \$2,754  
Monthly Payment: \$200
- **Venmo Credit Card**  
Amount Owed: \$1,056  
Monthly Payment: \$500
- **USAA Secured Visa Platinum Credit Card**  
Amount Owed: \$88  
Monthly Payment: \$0
- **Apple Card**  
Amount Owed: \$0  
Monthly Payment: \$0
- **Discover it® Cash Back**  
Amount Owed: \$0  
Monthly Payment: \$0
- **NSTAR/COOPER Mortgage**  
Amount Owed: \$271,113  
Monthly Payment: \$2,184
- **TOYOTA MTR Auto Loan**  
Amount Owed: \$57,260  
Monthly Payment: \$904
- **EDFINANCIAL Student Loan 1**  
Amount Owed: \$10,872  
Monthly Payment: \$0
- **EDFINANCIAL Student Loan 2**  
Amount Owed: \$10,354  
Monthly Payment: \$0

- **EDFINANCIAL Student Loan 3**

Amount Owed: \$7,786

Monthly Payment: \$0

- **EDFINANCIAL Student Loan 4**

Amount Owed: \$4,330

Monthly Payment: \$0

- **EDFINANCIAL Student Loan 5**

Amount Owed: \$2,820

Monthly Payment: \$0

- **EDFINANCIAL Student Loan 6**

Amount Owed: \$2,500

Monthly Payment: \$0

---

**Totals:**

**Total Amount Owed: \$377,895**

**Total Monthly Payment: \$4,088**

# Claims

View up to two years of claims.

Daisey Luffman



Displaying 39 Results

Filter

CLAIM 20243558120302

PROCESSED

Date of Service

12/14/2024

Provider

ANDERSON HOSPITAL

Patient Responsibility

\$121.66

[More Details](#)

CLAIM 20243548109283

PROCESSED

Date of Service

12/14/2024

Provider

HOLLINGSEAD,JEREMY,C,NP

Patient Responsibility

\$36.00

[More Details](#)

CLAIM 20243538053249

PROCESSED

Date of Service

12/11/2024

Provider

MAHER,JACOB,T,MD

Patient Responsibility	\$36.00
	<a href="#">More Details</a>

<b>CLAIM 20243518028213</b>	<b>PROCESSED</b>
Date of Service	12/11/2024
Provider	ST ELIZABETH'S HOSPITAL SISTERS OF THE THIRD...
Patient Responsibility	\$0.00
	<a href="#">More Details</a>

<b>CLAIM 20243328047338</b>	<b>PROCESSED</b>
Date of Service	11/22/2024
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$36.00
	<a href="#">More Details</a>

<b>CLAIM 20243318007031</b>	<b>PROCESSED</b>
Date of Service	11/18/2024
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$36.00
	<a href="#">More Details</a>

<b>CLAIM 20243108007266</b>	<b>PROCESSED</b>
Date of Service	11/01/2024
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$36.00

[More Details](#)**PROCESSED**

10/07/2024

**CLAIM 20242838048160**

Date of Service

Provider

HAUKAP,LAUREN,L,NP

\$0.00

Patient Responsibility

[More Details](#)**PROCESSED**

07/01/2024

**CLAIM 20241858014087**

Date of Service

Provider

HAUKAP,LAUREN,L,NP

\$36.00

Patient Responsibility

[More Details](#)**PROCESSED**

06/04/2024

**CLAIM 20241598025761**

Date of Service

Provider

FEIGENBAUM,LAWRENCE,S,MD

\$50.00

Patient Responsibility

[More Details](#)**PROCESSED**

05/29/2024

**CLAIM 20241578141657**

Date of Service

Provider

CARDINAL GLENNON CHILDRENS HOSPITAL

\$139.00

Patient Responsibility

[More Details](#)

**CLAIM 20241528126664****PROCESSED**

Date of Service

05/29/2024

Provider

LONG,AMY,E,NP

Patient Responsibility

\$0.00

[More Details](#)**CLAIM 20241388010606****PROCESSED**

Date of Service

05/15/2024

Provider

WADE,KATHRYN,K,MD

Patient Responsibility

\$36.00

[More Details](#)**CLAIM 20241418138317****PROCESSED**

Date of Service

05/11/2024

Provider

ANDERSON HOSPITAL

Patient Responsibility

\$121.66

[More Details](#)**CLAIM 20241378112938****PROCESSED**

Date of Service

05/11/2024

Provider

COSMAS,PAIGE,FNP

Patient Responsibility

\$36.00

[More Details](#)

**CLAIM 20240468177184****PROCESSED**

Date of Service

02/12/2024

Provider

MAHER,JACOB,T,MD

Patient Responsibility

\$45.75

[More Details](#)**CLAIM 20240328007259****PROCESSED**

Date of Service

01/30/2024

Provider

HAUKAP,LAUREN,L,NP

Patient Responsibility

\$104.25

[More Details](#)**CLAIM 20233428108149****PROCESSED**

Date of Service

12/03/2023

Provider

ANDERSON HOSPITAL

Patient Responsibility

\$113.74

[More Details](#)**CLAIM 20233418108974****PROCESSED**

Date of Service

12/03/2023

Provider

PATTERSON,AMANDA,NP

Patient Responsibility

\$34.00

[More Details](#)

<b>CLAIM 20232998008053</b>	<b>PROCESSED</b>
Date of Service	10/24/2023
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$34.00
	<a href="#">More Details</a>

<b>CLAIM 20232708008178</b>	<b>PROCESSED</b>
Date of Service	09/25/2023
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$34.00
	<a href="#">More Details</a>

<b>CLAIM 20232568089100</b>	<b>PROCESSED</b>
Date of Service	09/12/2023
Provider	MAHER,JACOB,T,MD
Patient Responsibility	\$34.00
	<a href="#">More Details</a>

<b>CLAIM 20232188000910</b>	<b>PROCESSED</b>
Date of Service	08/03/2023
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$34.00
	<a href="#">More Details</a>

<b>CLAIM 20232218129885</b>	<b>PROCESSED</b>
-----------------------------	------------------

Date of Service	07/17/2023
Provider	CHILDERS,ADRIENNE,L,MD
Patient Responsibility	\$0.00

[More Details](#)**CLAIM 20232088123412****PROCESSED**

Date of Service	07/17/2023
Provider	PEREZ FRANCO,ORLANDO,A
Patient Responsibility	\$0.00

[More Details](#)**CLAIM 20232088123411****PROCESSED**

Date of Service	07/17/2023
Provider	WEBER,MEGAN,CRNA
Patient Responsibility	\$0.00

[More Details](#)**CLAIM 20232068097944****PROCESSED**

Date of Service	07/17/2023
Provider	CARDINAL GLENNON CHILDRENS HOSPITAL
Patient Responsibility	\$1,025.58

[More Details](#)**CLAIM 20232058122299****PROCESSED**

Date of Service	07/17/2023
-----------------	------------

Provider	BESMER,SHERRI,S,MD
Patient Responsibility	\$0.00

[More Details](#)**CLAIM 20231808006047****PROCESSED**

Date of Service	06/27/2023
Provider	HAUKAP,LAUREN,L,NP
Patient Responsibility	\$34.00

[More Details](#)**CLAIM 20231648111800****PROCESSED**

Date of Service	06/02/2023
Provider	KESTERSON,JESSICA,A,FNP
Patient Responsibility	\$49.00

[More Details](#)**CLAIM 20231358126573****PROCESSED**

Date of Service	05/09/2023
Provider	ST LUKE S EPISCOPAL PRESBYTERIAN HOSPITAL
Patient Responsibility	\$0.00

[More Details](#)**CLAIM 20231358123805****PROCESSED**

Date of Service	05/09/2023
Provider	PARUTHI,SHALINI,MD

Patient Responsibility

\$34.00

[More Details](#)

CLAIM 20231463104569

PROCESSED

Date of Service

04/20/2023

Provider

ANDERSON HOSPITAL

\$113.74

[More Details](#)

EAST REGION



CLAIM 20231288102075

PROCESSED

Date of Service

04/20/2023

Provider

TOPPER,TARA,A,NP

Patient Responsibility

\$34.00

[More Details](#)

CLAIM 20230938129507

PROCESSED

Date of Service

03/14/2023

Provider

ST LUKE S EPISCOPAL PRESBYTERIAN HOSPITAL

Patient Responsibility

\$49.00

[More Details](#)

CLAIM 20230878137737

PROCESSED

Date of Service

03/14/2023

Provider

PARUTHI,SHALINI,MD

Patient Responsibility

\$0.00

[More Details](#)**CLAIM 20231068025529****PROCESSED**

Date of Service

03/06/2023

Provider

WADE,KATHRYN,K,MD

Patient Responsibility

\$34.00

[More Details](#)**CLAIM 20230968110485****PROCESSED**

Date of Service

02/12/2023

Provider

ANDERSON HOSPITAL

Patient Responsibility

\$113.74

[More Details](#)**CLAIM 20230478107778****PROCESSED**

Date of Service

02/12/2023

Provider

HILMES,TARA,S,ARNP

Patient Responsibility

\$30.00

[More Details](#)

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DL

Daisey Luffman

Family of Retiree/Retired Reserve • [Manage Affiliations](#)

PLANS I'M ENROLLED IN FOR 2025

 FEDVIP  
DENTAL

Humana

Humana Dental Advantage

Standard • Self Plus One

MONTHLY PREMIUM

**\$56.38**

ENROLLED AS

Family of Retiree/Retired Reserve

COVERAGE EFFECTIVE

01/01/2025

PLAN YEAR END

12/31/2025

AVAILABLE PROGRAMS



FEDVIP  
VISION

FEDVIP vision is a voluntary, enrollee-pay-all program available to Federal employees and annuitants, certain retired uniformed service members, and active duty family members.

AVAILABLE TO

Federal Civilians

Uniformed Services Members

Enroll



FEDVIP



FLTCIP

**LONG TERM CARE**

BENEFEDS administers premium payments on behalf of FLTCIP. This program provides long term care insurance to help pay for costs of care for you or a family member who requires additional support as they age.

AVAILABLE TO  
Federal Civilians  
Uniformed Services Members



FSAFEDS  
**FLEXIBLE SPENDING**  
HEALTH CARE

BENEFEDS collects allotments for the FSAFEDS program. An FSA is a tax-favorable benefit that lets you pay for eligible out-of-pocket health care expenses with pre-tax dollars.

AVAILABLE TO  
Federal Civilians

Enroll



FSAFEDS  
**FLEXIBLE SPENDING**  
DEPENDENT CARE

BENEFEDS collects allotments for the FSAFEDS program. An FSA is a tax-favorable benefit that lets you pay for eligible out-of-pocket dependent care expenses with pre-tax dollars.

AVAILABLE TO  
Federal Civilians  
Active Component Service Members  
Active Guard Reserve Members

Enroll

# CRSC PAY STATEMENT

<b>STATEMENT EFFECTIVE DATE</b> Dec 13, 2024		<b>PAYMENT DATE</b> DEC 31, 2024	<b>SSN</b> ***-**-6577
<b>RETIREE'S NAME AND ADDRESS</b>			<b>HOW TO CONTACT US</b>
PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES JEFFREY S LUFFMAN 2901 UNIVERSITY MEADOWS DR APT 322 SAINT LOUIS MO 63121-4654  PAYMENT ADDRESS DIRECT DEPOSIT			Defense Finance and Accounting Service US Military Retirement Pay 8899 E 56th Street Indianapolis, IN 46249-1200  COMMERCIAL 317-212-0551 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559  myPay <a href="https://myPay.dfas.mil">https://myPay.dfas.mil</a>
<b>PAYMENT INFORMATION</b>			<b>ENTITLEMENT INFORMATION</b>
CRSC Amount	2,232.35	Retired Pay Before Deductions	6,665.00
CRSC Debt Deduction	0.00	Retired Pay Offset By DVA Compensation	4,216.35
CRSC Garnishment Deduction	0.00	CRSC Debt Balance	0.00
CRSC Net Pay	2,232.35	Branch of Military Service	ARMY
		Garnishment Being Withheld	NO
<b>THE DVA OR YOUR BRANCH OF SERVICE PROVIDED THE FOLLOWING</b>			
CRSC Special Monthly Compensation Code	00		
Unemployable	NO		
DVA Disability %	100		
Combat Related Disability %	80		
Purple Heart %			
CRSC Start Date	APR 01, 2018		
Special Monthly Compensation Start Date			
<b>REMARKS</b>			
Please refer to DFAS.mil for information about CRSC and this statement.			



December 2024

Cash App  
1955 Broadway, Suite 600  
Oakland, CA 94612

Jeffrey Luffman  
2901 University Meadows Dr Apt 322  
Normandy, MO 63121

Balance on Dec 1		Change this month		Balance on Dec 31
<b>\$100.00</b>	-	<b>\$17.05</b>	=	<b>\$82.95</b>

Money In	\$0.00
----------	--------

Money Out	- \$17.05
-----------	-----------

Fees	\$0.00
------	--------



December 2024

Transactions

Date	Description	Details	Fee	Amount
Dec 19	To B-tech Products Inc from USAA Bank x9364	Cash App payment	\$0.00	\$464.31
Dec 20	The Pageant St. Louis MO	Cash App Pay	\$0.00	\$10.80
Dec 20	The Pageant St. Louis MO	Cash App Pay	\$0.00	\$6.25



December 2024

**All transactions shown in Eastern Time**

In case of errors or questions about your Account you can:

a. Contact us through your Account in the App:

- Tap the profile icon > Support > Something Else
- If it's a Cash App Card Dispute:
  - Tap **Cash App Card** > **Dispute a Purchase** > Tap **Start a Dispute** to move forward
  - Select the Cash App Card transaction you'd like to dispute and follow the prompts
  - Please note: if you have multiple claims you will have to submit those claims separately as you can only select one transaction at a time.
- If it's any other type of dispute, select **Contact Support**.

b. Call us at 1-800-969-1940.

c. Write us at Cash Disputes, 1955 Broadway, Suite 600, MSC 211, Oakland, CA 94612.

Contact us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. You can report an error up to 60 days after the date we sent you the first statement on which you believe the error occurred.

In order for us to investigate your claim, you will need to provide:

- Your name and Account information (including \$Cashtag, email and/or phone number);
- Why you believe there is an error,
- The dollar amount involved; and
- Approximately when the error took place.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Brokerage services by Cash App Investing LLC, member FINRA / SIPC. Investing involves risk; you may lose money. Bitcoin trading is offered by Cash App. Cash App Investing does not trade bitcoin and Cash App is not a member of FINRA or SIPC.

This is not a brokerage account statement. Stock and securities activity is reflected in this statement for purposes of your non-brokerage Cash App activity only. Please see your Cash App Investing account statements for details on your brokerage account activity.

**041 215 663**  
Routing Number

**27 174 9457 1778**  
Account Number

**SUTTON**  
Issuing Bank

**DEPARTMENT OF VETERANS AFFAIRS**

January 26, 2025

Jeffrey Luffman  
212 Camelot Dr  
Collinsville, IL 62234

In Reply Refer to:  
xxx-xx-6577  
27/eBenefits

Dear Mr. Luffman:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

**Personal Claim Information**

Your VA claim number is: xxx-xx-6577

You are the Veteran.

**Military Information**

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Army	Honorable	February 26, 1996	February 26, 2000
Army	Honorable	January 15, 2001	December 14, 2006
Army	Honorable	December 15, 2006	March 19, 2018

(There may be additional periods of service not listed above.)

**VA Benefit Information**

Your current monthly award amount is:

\$4216.35

The effective date of the last change to your current award was:

December 01, 2024

You are in receipt of special monthly compensation due to the type and severity of your service-connected disabilities:

Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at

<http://www.va.gov/statedva.htm>.

### **How You Can Contact Us**

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

**Regional Office Director**

**Plaza Dental Center**  
Invoice 278251458  
Created: 04/24/2025 at 10:57 am ET

athletic guard	\$200.00
----------------	----------

Sub-total	\$200.00
-----------	----------

Tax	\$0.00
-----	--------

<b>Total</b>	<b>\$200.00</b>
--------------	-----------------

<b>Sold to Jeffrey Luffman</b>	<b>\$200.00</b>
--------------------------------	-----------------

Visa \*1162 (Keyed)

Auth Code: 024224

**Plaza Dental Center**  
4646 Lindell Blvd  
Saint Louis, MO 63108  
plazadentalcenter.com/  
314.361.1818

**paymentshub**

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USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, Texas 78288-0544

# USAA CLASSIC CHECKING

for Account Number: 0241952999  
Statement Period: 03/22/2025 to 04/22/2025

JEFFREY LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

## Activity Summary

Beginning Balance	\$1,288.07
12 Deposits/Credits	\$14,216.19
122 Withdrawals/Debits	\$12,758.50
Service Charges and ATM Service Fee	\$0.00
Ending Balance	\$2,745.76

Fees	Total For This Period	Total Year-to-Date
Total Overdraft (OD) Fees	\$0.00	\$0.00
Total Non-Sufficient Funds (NSF) Fees	\$0.00	\$0.00

Note: Fee reversals/refunds won't be reflected in this table. They'll be listed in the transaction section.

## Transactions

Date	Description	Debits	Credits	Balance
03/22	Beginning Balance			\$1,288.07
03/24	DEBIT CARD PURCHASE 032225 7994032225 CTLP*Apple Photo Booth GREENVALE NY	\$6.00		\$1,282.07
03/24	DEBIT CARD PURCHASE 032225 5968032225 AMAZON PRIME*RV7YN4NB3 Amzn.com/billWA	\$14.99		\$1,267.08
03/24	DEBIT CARD PURCHASE 032225 7998032225 FSP*SLZOO - SOUTH CART SAINT LOUIS MO	\$18.00		\$1,249.08

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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/24	POS DEBIT 032225 5542032225 ON THE RUN #614 OLIVETTE MO	\$21.12		\$1,227.96
03/24	DEBIT CARD PURCHASE 032325 7911032325 KIDSTRONG CREVE COEUR 314-479-1947 MO	\$21.79		\$1,206.17
03/24	DEBIT CARD PURCHASE 032325 5947032325 SSA ST LOUIS SCIENCE CE SAINT LOUIS MO	\$35.24		\$1,170.93
03/25	DEBIT CARD PURCHASE 032425 5818032425 Amazon Music*FO4FC3L23 888-802-3080 WA	\$10.99		\$1,159.94
03/25	ACH WITHDRAWAL 032525 T-MOBILE PCS SVC *****9179	\$230.51		\$929.43
03/26	RECURRING POS DEBIT 032625 4899032625 APPLE COM CUPERTINO CA	\$16.99		\$912.44
03/26	RECURRING DEB CARD PURCH 032625 7997032625 ABC*6481-CLUB FITNESS 888-8279262 IL	\$34.99		\$877.45
03/26	POS DEBIT 032625 5542032625 PARSONS PIT STOP WEST ALTON MO	\$54.63		\$822.82
03/26	RECURRING DEB CARD PURCH 032525 4814032525 ADT*500239315 ADT.COM FL	\$77.67		\$745.15
03/27	DEBIT CARD PURCHASE 032725 5942032725 AMAZON MKTPL*YZ7IQ0BL3 Amzn.com/billWA	\$19.76		\$725.39
03/27	POS DEBIT 032725 5541032725 MOTOMART #3105 COLLINSVILLE IL	\$22.08		\$703.31
03/28	ACH DEP 040125 VAED TREAS 310 XXVA EDUC *****3600		\$894.80	\$1,598.11
03/28	ACH DEP 040125 DFAS-CLEVELAND RET NET *****6577		\$2,015.22	\$3,613.33
03/28	ACH DEP 040125 DFAS-CLEVELAND CRSC PAY *****6577		\$2,232.35	\$5,845.68
03/28	ACH DEP 040125 VACP TREAS 310 XXVA BENEF *****3600		\$4,093.35	\$9,939.03
03/28	POS DEBIT 032825 5541032825 DANDY MOTOMART #3141 FAIRVIEW HEIGIL	\$4.60		\$9,934.43
03/28	POS DEBIT 032825 5542032825 DANDY MOTOMART #3141 FAIRVIEW HEIGIL	\$24.21		\$9,910.22
03/31	DEBIT CARD PURCHASE 032925 5818032925 Prime Video Channels amzn.com/billWA	\$13.99		\$9,896.23



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/31	POS DEBIT 032925 5542032925 CIRCLE K # 01355 COLLINSVILLE IL	\$17.40		\$9,878.83
03/31	POS DEBIT 032925 5541032925 CIRCLE K # 01355 COLLINSVILLE IL	\$21.07		\$9,857.76
03/31	DEBIT CARD PURCHASE 032925 5812032925 OB CLARKS SAINT LOUIS MO	\$32.17		\$9,825.59
03/31	POS DEBIT 033125 5310033125 DOLLAR-GENERAL #1083 COLLINSVILLE IL	\$43.09		\$9,782.50
03/31	POS DEBIT 033125 5411033125 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$43.34		\$9,739.16
03/31	DEBIT CARD PURCHASE 033025 7911033025 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$54.50		\$9,684.66
03/31	USAA FUNDS TRANSFER DB TO Jeffrey Luffman CHECKING #6161, CONF# 6467513817	\$100.00		\$9,584.66
03/31	USAA FUNDS TRANSFER DB TO Jeffrey Luffman SAVINGS #6188, CONF# 6467515417	\$100.00		\$9,484.66
03/31	DEBIT CARD PURCHASE 033125 5942033125 AMAZON MKTPL*L90LP2N83 Amzn.com/billWA	\$107.51		\$9,377.15
03/31	DEBIT CARD PURCHASE 033025 5251033025 COTTON'S ACE HRDWR#1775 COLLINSVILLE IL	\$174.87		\$9,202.28
03/31	DEBIT CARD PURCHASE 033025 5611033025 SP ORIGIN BJJ LLC ORIGINUSA.COMME	\$200.25		\$9,002.03
03/31	DEBIT CARD PURCHASE 033025 5611033025 SP ORIGIN BJJ LLC ORIGINUSA.COMME	\$210.64		\$8,791.39
03/31	RECURRING DEB CARD PURCH 032925 4900032925 SPI*AMERENIL 888-789-2477 MO	\$316.16		\$8,475.23
03/31	USAA CREDIT CARD PAYMENT CREDIT CARD ENDING IN 1162	\$1,006.08		\$7,469.15
03/31	ACH WITHDRAWAL 033125 VENMO REPAYMENT *****5190	\$89.00		\$7,380.15
03/31	ACH WITHDRAWAL 033125 APPLECARD GSBANK PAYMENT *****4596	\$193.35		\$7,186.80
03/31	ACH WITHDRAWAL 033125 DISCOVER E-PAYMENT *****2235	\$482.21		\$6,704.59

## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/31	ACH WITHDRAWAL 033125 VENMO REPAYMENT *****8678	\$500.00		\$6,204.59
04/01	DEPOSIT@MOBILE		\$34.00	\$6,238.59
04/01	ACH DEP 040325 SSA TREAS 310 XXSOC SEC ***** SSA		\$2,262.80	\$8,501.39
04/01	POS DEBIT 040125 5541040125 CIRCLE K # 01355 COLLINSVILLE IL	\$26.38		\$8,475.01
04/01	DEBIT CARD PURCHASE 040125 5942040125 AMAZON MKTPL *F471X8983 Amzn.com/billWA	\$30.33		\$8,444.68
04/01	POS DEBIT 040125 5542040125 CIRCLE K # 01355 COLLINSVILLE IL	\$42.16		\$8,402.52
04/02	DEBIT CARD PURCHASE 040225 5968040225 Audible*2R9EM3OK3 Amzn.com/billNJ	\$14.95		\$8,387.57
04/02	DEBIT CARD PURCHASE 040125 7542040125 SPEEDY CAR WASH BALLWIN MO	\$42.00		\$8,345.57
04/02	DEBIT CARD PURCHASE 040125 7911040125 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$195.00		\$8,150.57
04/02	ACH WITHDRAWAL 040225 USAA P&C AUTOPAY *****6790	\$218.74		\$7,931.83
04/03	ACH DEP 040425 TOUCHNET WEB PYMT *****4234		\$2,475.00	\$10,406.83
04/03	DEBIT CARD REFUND 040125 7542040125 SPEEDY CAR WASH BALLWIN MO		\$2.00	\$10,408.83
04/03	RECURRING DEB CARD PURCH 040325 5818040325 APPLE.COM/BILL 866-712-7753 CA	\$3.24		\$10,405.59
04/03	RECURRING DEB CARD PURCH 040325 5818040325 Microsoft*Marketplace P 425-6816830 WA	\$4.32		\$10,401.27
04/03	DEBIT CARD PURCHASE 040225 5942040225 AMAZON MKTPL *OV3OD3FV3 Amzn.com/billWA	\$29.21		\$10,372.06
04/03	POS DEBIT 040325 4829040325 PAYPAL *bretthart2555 Visa Direct CA	\$103.20		\$10,268.86
04/03	DEBIT CARD PURCHASE 040325 5942040325 Amazon.com*O14IA3FT3 Amzn.com/billWA	\$212.90		\$10,055.96
04/03	POS DEBIT 040325 5311040325 KOHLS 1349 605 BELTLINE COLLINSVILLE IL	\$266.74		\$9,789.22



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
04/03	ACH WITHDRAWAL 040325 NSM DBAMR.COOPER NSM DBAMR *****8518	\$2,184.42		\$7,604.80
04/04	POS DEBIT 040425 9402040425 USPS PO 16490804 1 OAK MARYVILLE IL	\$9.60		\$7,595.20
04/04	DEBIT CARD PURCHASE 040325 5814040325 SONIC DRIVE IN #3972 COLLINSVILLE IL	\$29.00		\$7,566.20
04/04	DEBIT CARD PURCHASE 040425 5942040425 Amazon.com*UX6JJ1MT3 Amzn.com/billWA	\$52.70		\$7,513.50
04/04	POS DEBIT 040425 5411040425 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$269.78		\$7,243.72
04/04	DEBIT CARD PURCHASE 040425 6012040425 SYNCB PHONE PAYMENT 800-292-7508 GA	\$300.00		\$6,943.72
04/07	DEBIT CARD PURCHASE 040625 5818040625 Amazon Digit*ONIDQ8RH3 888-802-3080 WA	\$7.99		\$6,935.73
04/07	DEBIT CARD PURCHASE 040525 5814040525 SQ *THE LOVE JUICE CO. Chicago IL	\$8.91		\$6,926.82
04/07	DEBIT CARD PURCHASE 040525 5814040525 SQ *THE LOVE JUICE CO. Chicago IL	\$8.91		\$6,917.91
04/07	RECURRING DEB CARD PURCH 040625 4899040625 Disney Plus 888-9057888 CA	\$10.99		\$6,906.92
04/07	DEBIT CARD PURCHASE 040525 5814040525 SQ *THE LOVE JUICE CO. Chicago IL	\$11.51		\$6,895.41
04/07	DEBIT CARD PURCHASE 040725 5818040725 Kindle Unltd*W62ZF3UO3 888-802-3080 WA	\$11.99		\$6,883.42
04/07	POS DEBIT 040625 5541040625 BP#9737057CAPL IL0030 JOLIET IL	\$12.91		\$6,870.51
04/07	DEBIT CARD PURCHASE 040525 5812040525 SQ *ACAI SUPERBOWLS MAI Chicago IL	\$13.00		\$6,857.51
04/07	DEBIT CARD PURCHASE 040525 5968040525 AMAZON PRIME*432AJ7S13 Amzn.com/billWA	\$14.99		\$6,842.52
04/07	DEBIT CARD PURCHASE 040625 5542040625 BP#9737057CAPL IL0030 JOLIET IL	\$16.77		\$6,825.75
04/07	RECURRING DEB CARD PURCH 040525 5816040525 GOOGLE *Google One 855-836-3987 CA	\$19.99		\$6,805.76
04/07	DEBIT CARD PURCHASE 040725 5942040725 AMAZON MKTPL*7E9RS91O3 Amzn.com/billWA	\$21.66		\$6,784.10
04/07	RECURRING DEB CARD PURCH 040725 5818040725 Microsoft*Microsoft Cop 425-6816830 WA	\$21.67		\$6,762.43
04/07	POS DEBIT 040625 5542040625 SHELL SERVICE STATION SPRINGFIELD IL	\$28.19		\$6,734.24



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
04/07	DEBIT CARD PURCHASE 040525 5942040525 AMAZON MKTPL*5C0Q42OS3 Amzn.com/billWA	\$52.01		\$6,682.23
04/07	DEBIT CARD PURCHASE 040525 5942040525 Amazon.com*X69LB4193 Amzn.com/billWA	\$62.20		\$6,620.03
04/07	DEBIT CARD PURCHASE 040425 5812040425 XOCHIMILCO NORTHFIELD SPRINGFIELD IL	\$73.69		\$6,546.34
04/07	DEBIT CARD PURCHASE 040525 5691040525 SQ *FLOW N ROLL JIU JIT Chicago IL	\$112.34		\$6,434.00
04/07	DEBIT CARD PURCHASE 040525 5691040525 SQ *FLOW N ROLL JIU JIT Chicago IL	\$128.38		\$6,305.62
04/07	ACH WITHDRAWAL 040725 FEDVIP-BENEFEDS FEDVIPPREM *****OD01	\$56.38		\$6,249.24
04/08	POS DEBIT 040825 5542040825 CIRCLE K # 01355 COLLINSVILLE IL	\$31.35		\$6,217.89
04/08	DEBIT CARD PURCHASE 040725 5814040725 TACO BELL 3002021 GRANITE CITY IL	\$33.86		\$6,184.03
04/08	POS DEBIT 040825 5411040825 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$48.48		\$6,135.55
04/09	DEBIT CARD PURCHASE 040825 7230040825 0734 GREAT CLIPS AT COL COLLINSVILLE IL	\$24.00		\$6,111.55
04/09	RECURRING POS DEBIT 040925 6012040925 AFFIRM PAY I9U SAN FRANCISCO CA	\$67.88		\$6,043.67
04/10	DEBIT CARD PURCHASE 040825 5499040825 CIRCLE K # 01355 COLLINSVILLE IL	\$5.42		\$6,038.25
04/10	DEBIT CARD PURCHASE 041125 7999041125 Altitude Glen Carbon Glen Carbon IL	\$26.33		\$6,011.92
04/11	POS DEBIT 041125 4816041125 AMAZON.COM SEATTLE WA	\$83.21		\$5,928.71
04/14	DEBIT CARD PURCHASE 041225 5734041225 COCALC.COM - SAGEMATH COCALC.COM WA	\$6.40		\$5,922.31
04/14	RECURRING POS DEBIT 041425 4899041425 APPLE COM CUPERTINO CA	\$9.99		\$5,912.32
04/14	POS DEBIT 041325 5541041325 CIRCLE K # 01355 COLLINSVILLE IL	\$19.42		\$5,892.90
04/14	DEBIT CARD PURCHASE 041225 5942041225 Amazon.com*QG6XLOWB3 Amzn.com/billWA	\$21.66		\$5,871.24
04/14	DEBIT CARD PURCHASE 041225 5942041225 Amazon.com*QG6XLOWB3 Amzn.com/billWA	\$21.66		\$5,849.58
04/14	DEBIT CARD PURCHASE 041225 7399041225 CORPORATE FILINGS LLC 888-7898466 WY	\$27.00		\$5,822.58

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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
04/14	DEBIT CARD PURCHASE 041425 5942041425 AMAZON MKTPL*W00KX9DK3 Amzn.com/billWA	\$29.23		\$5,793.35
04/14	DEBIT CARD PURCHASE 041325 5814041325 SONIC DRIVE IN #3972 COLLINSVILLE IL	\$34.62		\$5,758.73
04/14	DEBIT CARD PURCHASE 041425 5942041425 Amazon.com*E94WT42A3 Amzn.com/billWA	\$53.76		\$5,704.97
04/14	DEBIT CARD PURCHASE 041225 5942041225 Amazon.com*7O3MVIT93 Amzn.com/billWA	\$59.97		\$5,645.00
04/14	DEBIT CARD PURCHASE 041225 5942041225 Amazon.com*7O3MVIT93 Amzn.com/billWA	\$59.97		\$5,585.03
04/14	POS DEBIT 041225 4829041225 PAYPAL *bretthart2555 Visa Direct CA	\$103.20		\$5,481.83
04/14	USAA CREDIT CARD PAYMENT CREDIT CARD ENDING IN 1162	\$200.00		\$5,281.83
04/14	ATM WITHDRAWAL 041325 6011041325 CK001355 COLLINSVILLE IL	\$200.00		\$5,081.83
04/14	ACH WITHDRAWAL 041425 VENMO REPAYMENT *****5750	\$500.00		\$4,581.83
04/15	DEBIT CARD PURCH-REV 041225 Amazon.com*QG6XLOWB3 Amzn.com/billWA		\$21.66	\$4,603.49
04/15	DEBIT CARD PURCH-REV 041225 Amazon.com*7O3MVIT93 Amzn.com/billWA		\$59.97	\$4,663.46
04/15	DEBIT CARD PURCHASE 041525 5942041525 AMAZON MKTPL*GN2CA4153 Amzn.com/billWA	\$19.49		\$4,643.97
04/16	DEBIT CARD PURCHASE 041625 4900041625 REPUBLIC SERVICES TRASH 866-576-5548 AZ	\$15.67		\$4,628.30
04/16	POS DEBIT 041625 5542041625 CIRCLE K 01657 ST LOUIS MO	\$21.92		\$4,606.38
04/17	DEBIT CARD PURCHASE 041625 5814041625 SONIC DRIVE IN #3972 COLLINSVILLE IL	\$34.32		\$4,572.06
04/17	DEBIT CARD PURCHASE 041625 5942041625 Amazon.com*PY5PS7AI3 Amzn.com/billWA	\$40.71		\$4,531.35
04/17	RECURRING DEB CARD PURCH 041825 4899041825 FuboTV Inc 844-4413826 NY	\$97.98		\$4,433.37
04/17	ACH WITHDRAWAL 041725 HOME DEPOT AUTO PYMT *****0896	\$120.00		\$4,313.37
04/18	DEBIT CARD PURCHASE 041725 5814041725 DD/BR #355426 BRIDGETON MO	\$3.80		\$4,309.57



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 03/22/2025 to 04/22/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
04/18	DEBIT CARD PURCHASE 041825 5942041825 AMAZON MKTPL*GE3913TV3 Amzn.com/billWA	\$147.58		\$4,161.99
04/21	POS DEBIT 042025 5411042025 Wal-Mart Super Center COLLINSVILLE IL	\$9.71		\$4,152.28
04/21	RECURRING POS DEBIT 042025 4899042025 ESPN PLUS NEW YORK NY	\$11.99		\$4,140.29
04/21	DEBIT CARD PURCHASE 041925 3066041925 SWA*EARLYBRD52642744548 800-435-9792 TX	\$16.00		\$4,124.29
04/21	DEBIT CARD PURCHASE 042025 5814042025 STARBUCKS STORE 68519 COLLINSVILLE IL	\$16.73		\$4,107.56
04/21	DEBIT CARD PURCHASE 041925 3066041925 SWA*EARLYBRD52642744548 800-435-9792 TX	\$26.00		\$4,081.56
04/21	DEBIT CARD PURCHASE 042125 5999042125 PLANET OVERSTOCK LLC COLLINSVILLE IL	\$27.24		\$4,054.32
04/21	DEBIT CARD PURCHASE 041825 5942041825 Amazon.com*6G44M9H13 Amzn.com/billWA	\$38.74		\$4,015.58
04/21	DEBIT CARD PURCHASE 041825 5812041825 JOES PIZZA AND PASTA CO COLLINSVILLE IL	\$39.80		\$3,975.78
04/21	RECURRING DEB CARD PURCH 042025 4814042025 ADT*500239315 ADT.COM FL	\$63.99		\$3,911.79
04/21	DEBIT CARD PURCHASE 042125 5942042125 AMAZON MKTPL*4I4ZC5BH3 Amzn.com/billWA	\$100.64		\$3,811.15
04/21	DEBIT CARD PURCHASE 042125 5999042125 PLANET OVERSTOCK LLC COLLINSVILLE IL	\$136.36		\$3,674.79
04/21	POS DEBIT 042125 7399042125 AIM Mail Center 104 Edwardsville IL	\$227.36		\$3,447.43
04/21	DEBIT CARD PURCHASE 041925 3066041925 SOUTHWES 52623356846 800-435-9792 TX	\$653.08		\$2,794.35
04/22	ACH DEP 042425 VAED TREAS 310 XXVA EDUC *****3600		\$125.00	\$2,919.35
04/22	DEBIT CARD PURCHASE 042125 5814042125 STARBUCKS STORE 49008 EDWARDSVILLE IL	\$6.29		\$2,913.06
04/22	RECURRING DEB CARD PURCH 042225 5968042225 AMAZON PRIME*1T5L11HL3 Amzn.com/billWA	\$14.99		\$2,898.07
04/22	POS DEBIT 042225 5411042225 SCHNUCKS COLLINS SCHNUCK COLLINSVILLE IL	\$152.35		\$2,745.72
04/22	IOD INTEREST PAID		\$0.04	\$2,745.76
04/22	Ending Balance	-	-	\$2,745.76

**Interest Paid Information**

Your interest paid was calculated using your daily ledger balance resulting in 32 days where interest earned was equal to one half of one cent or more for an annual percentage yield earned of 0.01%.



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## IMPORTANT INFORMATION

The ending balance includes items that have posted to your account. You may have been charged fees if your account didn't have enough available funds to pay for an item. Please see the available balance section in the USAA Federal Savings Bank Depository Agreement and Disclosures for details.

You can review and obtain copies of your recent checks at no cost through the USAA Mobile App, [usaa.com](https://usaa.com) or by calling us.

Please examine this statement promptly and carefully. If you fail to notify us of an error or unauthorized transaction within 60 calendar days, this statement will be considered correct, and you may be liable for subsequent unauthorized transactions. All items credited are subject to verification.

In case of errors or questions about your electronic transfers telephone us at 210-531-USAA (8722), 800-531-8722, (TTY:711/TRS) or write us at USAA Federal Savings Bank, 10750 McDermott Freeway, San Antonio, Texas 78288-0544 or email us through the "Contact Us" link on [usaa.com](https://usaa.com), as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation.

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USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, Texas 78288-0544

## USAA CLASSIC CHECKING

for Account Number: 0241952999  
Statement Period: 02/22/2025 to 03/21/2025

JEFFREY LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

### Activity Summary

Beginning Balance	\$11,740.96
10 Deposits/Credits	\$12,212.87
128 Withdrawals/Debits	\$22,665.76
Service Charges and ATM Service Fee	\$0.00
Ending Balance	\$1,288.07

Fees	Total For This Period	Total Year-to-Date
Total Overdraft (OD) Fees	\$0.00	\$0.00
Total Non-Sufficient Funds (NSF) Fees	\$0.00	\$0.00

Note: Fee reversals/refunds won't be reflected in this table. They'll be listed in the transaction section.

### Transactions

Date	Description	Debits	Credits	Balance
02/22	Beginning Balance			\$11,740.96
02/24	DEBIT CARD REFUND 022325 5200022325 THE HOME DEPOT #6961 COLLINSVILLE IL		\$32.78	\$11,773.74
02/24	DEBIT CARD PURCHASE 022225 7911022225 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$3.00		\$11,770.74
02/24	DEBIT CARD PURCHASE 022325 7911022325 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$6.00		\$11,764.74



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
02/24	DEBIT CARD PURCHASE 022225 5942022225 AMAZON MKTPL*J99MC7OC3 Amzn.com/billWA	\$7.45		\$11,757.29
02/24	DEBIT CARD PURCHASE 022225 5968022225 AMAZON PRIME*T56JC58P3 Amzn.com/billWA	\$14.99		\$11,742.30
02/24	DEBIT CARD PURCHASE 022325 5942022325 AMAZON MKTPL*2K1VC10U3 Amzn.com/billWA	\$29.24		\$11,713.06
02/24	DEBIT CARD PURCHASE 022325 5300022325 WWW COSTCO COM 800-955-2292 WA	\$30.29		\$11,682.77
02/24	DEBIT CARD PURCHASE 022325 5200022325 THE HOME DEPOT #6961 COLLINSVILLE IL	\$57.76		\$11,625.01
02/24	DEBIT CARD PURCHASE 022325 5300022325 WWW COSTCO COM 800-955-2292 WA	\$69.56		\$11,555.45
02/24	DEBIT CARD PURCHASE 022325 5300022325 WWW COSTCO COM 800-955-2292 WA	\$70.48		\$11,484.97
02/24	USAA CREDIT CARD PAYMENT CREDIT CARD ENDING IN 1162	\$73.96		\$11,411.01
02/24	DEBIT CARD PURCHASE 022225 5942022225 AMAZON MKTPL*HD4SC4NS3 Amzn.com/billWA	\$74.74		\$11,336.27
02/24	POS DEBIT 022425 5411022425 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$83.57		\$11,252.70
02/24	DEBIT CARD PURCHASE 022225 5942022225 AMAZON MKTPL*DZ5B634G3 Amzn.com/billWA	\$99.12		\$11,153.58
02/24	DEBIT CARD PURCHASE 022425 7922022425 FUJIBJJ FUJIBJJ.COM MO	\$110.00		\$11,043.58
02/24	DEBIT CARD PURCHASE 022225 5611022225 SP ORIGIN BJJ LLC ORIGINUSA.COMME	\$117.03		\$10,926.55
02/24	DEBIT CARD PURCHASE 022425 5942022425 AMAZON MKTPL*4G3957W93 Amzn.com/billWA	\$162.81		\$10,763.74
02/24	POS DEBIT 022425 5300022425 COSTCO WHSE #1488 UNIVERSITY CIMO	\$167.44		\$10,596.30
02/24	DEBIT CARD PURCHASE 022125 5933022125 PAWN KING #3759 COLLINSVILLE IL	\$1,146.43		\$9,449.87
02/25	ACH DEP 022725 VAED TREAS 310 XXVA EDUC *****3600		\$125.00	\$9,574.87
02/25	DEBIT CARD PURCHASE 022425 5818022425 Amazon Music*R01OM8WR3 888-802-3080 WA	\$9.99		\$9,564.88
02/25	ACH WITHDRAWAL 022525 VENMO REPAYMENT *****4180	\$250.00		\$9,314.88

## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
02/25	ACH WITHDRAWAL 022525 APPLECARD GSBANK PAYMENT *****4596	\$399.10		\$8,915.78
02/26	ACH DEP 022825 DFAS-CLEVELAND RET NET *****6577		\$2,015.22	\$10,931.00
02/26	ACH DEP 022825 DFAS-CLEVELAND CRSC PAY *****6577		\$2,232.35	\$13,163.35
02/26	ACH DEP 022825 VACP TREAS 310 XXVA BENEF *****3600		\$4,093.35	\$17,256.70
02/26	DEBIT CARD PURCHASE 022625 5942022625 Amazon.com*RF6M354O3 Amzn.com/billWA	\$13.25		\$17,243.45
02/26	RECURRING POS DEBIT 022625 4899022625 APPLE COM CUPERTINO CA	\$16.99		\$17,226.46
02/26	RECURRING DEB CARD PURCH 022625 7997022625 ABC*6481-CLUB FITNESS 888-8279262 IL	\$34.99		\$17,191.47
02/26	RECURRING DEB CARD PURCH 022525 4814022525 ADT*500239315 ADT.COM FL	\$77.67		\$17,113.80
02/27	ACH DEP 022825 VAED TREAS 310 XXVA EDUC *****3600		\$894.80	\$18,008.60
02/27	ACH DEP 030325 SSA TREAS 310 XXSOC SEC ***** SSA		\$2,262.80	\$20,271.40
02/27	POS DEBIT 022725 5331022725 DOLLARTREE COLLINSVILLE IL	\$1.37		\$20,270.03
02/27	DEBIT CARD PURCHASE 022625 7911022625 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$2.00		\$20,268.03
02/27	POS DEBIT 022725 5542022725 CIRCLE K # 01355 COLLINSVILLE IL	\$45.78		\$20,222.25
02/27	POS DEBIT 022725 5310022725 DOLLAR-GENERAL #1083 COLLINSVILLE IL	\$46.75		\$20,175.50
02/27	USAA FUNDS TRANSFER DB TO Jeffrey Luffman CHECKING #6161, CONF# 6388197325	\$100.00		\$20,075.50
02/27	USAA FUNDS TRANSFER DB TO Jeffrey Luffman SAVINGS #6188, CONF# 6388200195	\$100.00		\$19,975.50



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
02/27	USAA CREDIT CARD PAYMENT	\$202.02		\$19,773.48
	CREDIT CARD ENDING IN 1162			
02/27	DEBIT CARD PURCHASE 022725 4722022725	\$394.85		\$19,378.63
	AIRBNB * HM3ZS9TRSY AIRBNB.COM CA			
02/28	DEBIT CARD PURCHASE 022825 5942022825	\$57.60		\$19,321.03
	AMAZON MKTPL*RM64S30W3 Amzn.com/billWA			
02/28	DEBIT CARD PURCHASE 022725 5942022725	\$69.26		\$19,251.77
	AMAZON MKTPL*1G6OS8AV3 Amzn.com/billWA			
02/28	DEBIT CARD PURCHASE 022725 7230022725	\$90.00		\$19,161.77
	RELAX NAILS & SPA COLLINSVILLE IL			
02/28	POS DEBIT 022825 5411022825	\$92.30		\$19,069.47
	SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL			
02/28	DEBIT CARD PURCHASE 022625 5999022625	\$134.00		\$18,935.47
	US JIU JITSU FEDERATIO 949-878-3510 CA			
02/28	RECURRING DEB CARD PURCH 022725 4900022725	\$483.06		\$18,452.41
	SPI*AMERENIL 888-789-2477 MO			
02/28	DEBIT CARD PURCHASE 022725 4722022725	\$512.73		\$17,939.68
	AIRBNB * HMBSWCF24H AIRBNB.COM CA			
02/28	CHECK # 1184	\$412.00		\$17,527.68
03/03	POS DEBIT 030125 5541030125	\$3.16		\$17,524.52
	ON THE RUN #614 OLIVETTE MO			
03/03	RECURRING POS DEBIT 030325 5818030325	\$4.32		\$17,520.20
	MICROSOFT*MARKETPLACE PASMSBILL.INFO WA			
03/03	DEBIT CARD PURCHASE 030125 5814030125	\$6.54		\$17,513.66
	MCDONALD'S F6109 OLIVETTE MO			
03/03	DEBIT CARD PURCHASE 022825 5818022825	\$13.99		\$17,499.67
	Prime Video Channels amzn.com/billWA			
03/03	DEBIT CARD PURCHASE 030225 5968030225	\$14.95		\$17,484.72
	Audible*4M6VA95V3 Amzn.com/billNJ			
03/03	DEBIT CARD PURCHASE 030125 5942030125	\$18.60		\$17,466.12
	Amazon.com*715QT6F23 Amzn.com/billWA			
03/03	POS DEBIT 030125 5542030125	\$19.42		\$17,446.70
	ON THE RUN #614 OLIVETTE MO			
03/03	RECURRING DEB CARD PURCH 030225 5818030225	\$23.82		\$17,422.88
	APPLE.COM/BILL 866-712-7753 CA			
03/03	DEBIT CARD PURCHASE 022825 7230022825	\$29.00		\$17,393.88
	0734 GREAT CLIPS AT COL COLLINSVILLE IL			
03/03	DEBIT CARD PURCHASE 030125 5942030125	\$43.28		\$17,350.60
	AMAZON MKTPL*4Q8NH6393 Amzn.com/billWA			
03/03	DEBIT CARD PURCHASE 030225 5942030225	\$44.86		\$17,305.74
	AMAZON MKTPL*LU7E09KK3 Amzn.com/billWA			



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/03	RECURRING DEB CARD PURCH 022825 4814022825 ADT*500239315 ADT.COM FL	\$63.99		\$17,241.75
03/03	POS DEBIT 030125 5311030125 KOHLS 1349 605 BELTLINE COLLINSVILLE IL	\$69.98		\$17,171.77
03/03	DEBIT CARD PURCHASE 022825 5942022825 AMAZON MKTPL*KQ6JB3DX3 Amzn.com/billWA	\$81.25		\$17,090.52
03/03	DEBIT CARD PURCHASE 022825 5812022825 PORTERS RESTAURANT Q90 COLLINSVILLE IL	\$133.66		\$16,956.86
03/03	DEBIT CARD PURCHASE 030125 7911030125 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$195.00		\$16,761.86
03/03	DEBIT CARD PURCHASE 022825 6012022825 SYNCB PHONE PAYMENT 800-292-7508 GA	\$300.00		\$16,461.86
03/03	DEBIT CARD PURCHASE 030125 5499030125 BIOTECH PEPTIDES 619-4530156 NV	\$789.25		\$15,672.61
03/03	ACH WITHDRAWAL 030325 NSM DBAMR.COOPER NSM DBAMR *****1735	\$2,184.42		\$13,488.19
03/04	DEBIT CARD PURCHASE 030325 7929030325 SQ *USH WHEEL LLC Saint Louis MO	\$6.70		\$13,481.49
03/04	DEBIT CARD PURCHASE 030325 7991030325 AT *AQUARIUM UNION ST. ST. LOUIS MO	\$17.86		\$13,463.63
03/04	POS DEBIT 030425 5542030425 CIRCLE K # 01355 COLLINSVILLE IL	\$49.81		\$13,413.82
03/04	DEBIT CARD PURCHASE 030425 5942030425 AMAZON MKTPL*MK4XZ16A3 Amzn.com/billWA	\$55.25		\$13,358.57
03/04	DEBIT CARD PURCHASE 030325 4814030325 ATT*BILL PAYMENT 800-331-0500 TX	\$60.00		\$13,298.57
03/04	DEBIT CARD PURCHASE 030325 7911030325 KIDSTRONG CREVE COEUR 314-479-1947 MO	\$70.00		\$13,228.57
03/04	ACH WITHDRAWAL 030425 USAA P&C AUTOPAY *****6790	\$218.74		\$13,009.83
03/04	ACH WITHDRAWAL 030425 TOYOTA ACH RTL 03012025 *****CAOG	\$904.59		\$12,105.24
03/05	DEBIT CARD PURCHASE 030425 5814030425 STARBUCKS 49008 EDWARDSVILLE IL	\$9.00		\$12,096.24
03/05	DEBIT CARD PURCHASE 030525 5968030525 AMAZON PRIME*XV81T2RB3 Amzn.com/billWA	\$14.99		\$12,081.25
03/05	RECURRING DEB CARD PURCH 030525 5816030525 GOOGLE *Google One 855-836-3987 CA	\$19.99		\$12,061.26



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/05	DEBIT CARD PURCHASE 030525 4722030525 AIRBNB * HMR8WQWPZP AIRBNB.COM CA	\$225.96		\$11,835.30
03/05	DEBIT CARD PURCHASE 030425 8111030425 LAW OFFICE OF MICHAEL R 618-2519254 IL	\$1,560.00		\$10,275.30
03/06	DEBIT CARD PURCHASE 030625 5818030625 Amazon Digit*1W6B31P73 888-802-3080 WA	\$7.99		\$10,267.31
03/06	CHECK # 1185	\$2,000.00		\$8,267.31
03/06	CHECK # 1183	\$5,000.00		\$3,267.31
03/07	DEBIT CARD PURCHASE 030725 5818030725 Kindle Unltd*SB2QM1VF3 888-802-3080 WA	\$11.99		\$3,255.32
03/07	POS DEBIT 030725 4829030725 PAYPAL *bretthart2555 Visa Direct CA	\$41.46		\$3,213.86
03/07	DEBIT CARD PURCHASE 030725 5942030725 AMAZON MKTPL*TZ25N8Z53 Amzn.com/billWA	\$77.88		\$3,135.98
03/07	ACH WITHDRAWAL 030725 FEDVIP-BENEFEDS FEDVIPPREM *****0D01	\$56.38		\$3,079.60
03/10	PAYMENT RECEIPT CREDIT 030825 4829030825 VENMO*Luffman Jeffrey New York CityNY		\$409.01	\$3,488.61
03/10	DEBIT CARD PURCHASE 030925 5813030925 SQ *URICK CONCESSIONS Carmel IN	\$4.00		\$3,484.61
03/10	DEBIT CARD PURCHASE 030925 5813030925 SQ *URICK CONCESSIONS Carmel IN	\$6.00		\$3,478.61
03/10	DEBIT CARD PURCHASE 030925 5813030925 SQ *URICK CONCESSIONS Carmel IN	\$6.00		\$3,472.61
03/10	DEBIT CARD PURCHASE 031025 5818031025 Prime Video *2055N2NV3 888-802-3080 WA	\$6.99		\$3,465.62
03/10	POS DEBIT 030825 5411030825 KROGER #001 INDIANAPOLIS IN	\$9.00		\$3,456.62
03/10	RECURRING DEB CARD PURCH 030925 5968030925 ANC*ANCESTRY.COM 800-2623787 UT	\$10.00		\$3,446.62
03/10	DEBIT CARD PURCHASE 030825 5499030825 CIRCLE K # 01355 COLLINSVILLE IL	\$11.40		\$3,435.22
03/10	POS DEBIT 030925 5541030925 MARATHON P TERRE HAUTE IN	\$17.60		\$3,417.62
03/10	POS DEBIT 031025 5542031025 CIRCLE K # 01355 COLLINSVILLE IL	\$34.61		\$3,383.01
03/10	DEBIT CARD PURCHASE 030825 5812030825 GOOD MORNING MAMA'S CAF INDIANAPOLIS IN	\$34.70		\$3,348.31

**USAA CLASSIC CHECKING**

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
03/10	POS DEBIT 030725 5541030725 CLOVERDALE CLOVERDALE IN	\$60.92		\$3,287.39
03/10	POS DEBIT 031025 5411031025 ALDI 41053 COLLINSVILLE IL	\$65.47		\$3,221.92
03/10	RECURRING POS DEBIT 030925 6012030925 AFFIRM PAY 6X8 SAN FRANCISCO CA	\$67.88		\$3,154.04
03/10	RECURRING DEB CARD PURCH 030925 5968030925 ANC*ANCESTRY.COM 800-2623787 UT	\$99.95		\$3,054.09
03/10	DEBIT CARD PURCHASE 030825 4829030825 CASH APP*JEFFREY LUFFMA Oakland CA	\$100.00		\$2,954.09
03/12	DEBIT CARD PURCHASE 031225 5734031225 COALC.COM - SAGEMATH COALC.COM WA	\$6.40		\$2,947.69
03/13	DEBIT CARD PURCHASE 031225 5814031225 MCDONALD'S F7678 CHESTERFIELD MO	\$2.49		\$2,945.20
03/13	DEBIT CARD PURCHASE 031225 5999031225 US JIU JITSU FEDERATIO 949-878-3510 CA	\$22.25		\$2,922.95
03/13	DEBIT CARD PURCHASE 031225 7399031225 CORPORATE FILINGS LLC 888-7898466 WY	\$27.00		\$2,895.95
03/13	DEBIT CARD PURCHASE 031225 5999031225 US JIU JITSU FEDERATIO 949-878-3510 CA	\$134.00		\$2,761.95
03/13	DEBIT CARD PURCHASE 031225 5999031225 US JIU JITSU FEDERATIO 949-878-3510 CA	\$139.00		\$2,622.95
03/14	RECURRING DEB CARD PURCH 031425 5818031425 APPLE.COM/BILL 866-712-7753 CA	\$9.99		\$2,612.96
03/14	DEBIT CARD PURCHASE 031325 5812031325 CHINA LIN RESTAURANT COLLINSVILLE IL	\$14.37		\$2,598.59
03/14	DEBIT CARD PURCHASE 031325 5945031325 WARHAMMER 431 COLLINSVILLE IL	\$54.55		\$2,544.04
03/14	DEBIT CARD PURCHASE 031425 7299031425 SQ *CENTRAL BARK GRANITE CITY IL	\$91.00		\$2,453.04
03/14	POS DEBIT 031425 5411031425 SCHNUCKS COLLINS SCHNUCK COLLINSVILLE IL	\$100.28		\$2,352.76
03/17	DEPOSIT@MOBILE		\$147.50	\$2,500.26
03/17	DEBIT CARD PURCHASE 031425 5814031425 MCDONALD'S F31736 JENNINGS MO	\$2.50		\$2,497.76
03/17	DEBIT CARD PURCHASE 031525 5942031525 AMAZON MKTPL*W101D6403 Amzn.com/billWA	\$27.29		\$2,470.47
03/17	DEBIT CARD PURCHASE 031525 5942031525 AMAZON MKTPL*L47RF00S3 Amzn.com/billWA	\$27.29		\$2,443.18
03/17	DEBIT CARD PURCHASE 031725 5942031725 AMAZON MKTPL*J57RI2QX3 Amzn.com/billWA	\$32.45		\$2,410.73

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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 02/22/2025 to 03/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
03/17	DEBIT CARD PURCHASE 031725 5942031725 AMAZON MKTPL*Z45I48823 Amzn.com/billWA	\$56.67		\$2,354.06
03/17	DEBIT CARD PURCHASE 031725 4900031725 REPUBLIC SERVICES TRASH 866-576-5548 AZ	\$95.42		\$2,258.64
03/17	ACH WITHDRAWAL 031725 HOME DEPOT AUTO PYMT *****0473	\$120.00		\$2,138.64
03/18	DEBIT CARD PURCHASE 031725 7230031725 0734 GREAT CLIPS AT COL COLLINSVILLE IL	\$29.00		\$2,109.64
03/18	RECURRING DEB CARD PURCH 031825 4899031825 FuboTV Inc 844-4413826 NY	\$97.98		\$2,011.66
03/19	DEBIT CARD PURCHASE 031825 7911031825 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$3.00		\$2,008.66
03/19	DEBIT CARD PURCHASE 031925 5734031925 ADOBE *ADOBE 408-536-6000 CA	\$21.24		\$1,987.42
03/19	DEBIT CARD PURCHASE 031825 7998031825 FSP*SLZOO - ECOMMERCE 314-781-0900 MO	\$48.90		\$1,938.52
03/19	POS DEBIT 031925 5818031925 Microsoft Corporation EverREDMOND WA	\$107.28		\$1,831.24
03/19	DEBIT CARD PURCHASE 031925 8398031925 GoFundMe Help Officer S GOFUNDME.COM CA	\$117.50		\$1,713.74
03/20	DEBIT CARD PURCHASE 032025 4899032025 ESPN Plus 800-7271800 NY	\$11.99		\$1,701.75
03/20	DEBIT CARD PURCHASE 031925 5251031925 COTTON'S ACE HRDWR#1775 COLLINSVILLE IL	\$18.79		\$1,682.96
03/20	POS DEBIT 032025 4899032025 APPLE COM ONE APPLE PARCA	\$22.74		\$1,660.22
03/20	POS DEBIT 032025 5542032025 QT 637 OUTSIDE SAINT LOUIS MO	\$38.48		\$1,621.74
03/20	DEBIT CARD PURCHASE 031925 7911031925 KIDSTRONG CREVE COEUR 314-479-1947 MO	\$70.00		\$1,551.74
03/20	POS DEBIT 032025 5411032025 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$156.41		\$1,395.33
03/21	DEBIT CARD PURCHASE 032125 5942032125 AMAZON MKTPL*9O3VS7O13 Amzn.com/billWA	\$43.33		\$1,352.00
03/21	RECURRING DEB CARD PURCH 032025 4814032025 ADT*500239315 ADT.COM FL	\$63.99		\$1,288.01
03/21	IOD INTEREST PAID		\$0.06	\$1,288.07
03/21	Ending Balance	-	-	\$1,288.07

## Interest Paid Information

Your interest paid was calculated using your daily ledger balance resulting in 28 days where interest earned was equal to one half of one cent or more for an annual percentage yield earned of 0.01%.



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## IMPORTANT INFORMATION

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USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, Texas 78288-0544

## USAA CLASSIC CHECKING

for Account Number: 0241952999  
Statement Period: 01/23/2025 to 02/21/2025

JEFFREY LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

### Activity Summary

Beginning Balance	\$999.75
10 Deposits/Credits	\$23,131.42
68 Withdrawals/Debits	\$12,390.21
Service Charges and ATM Service Fee	\$0.00
Ending Balance	\$11,740.96

Fees	Total For This Period	Total Year-to-Date
Total Overdraft (OD) Fees	\$0.00	\$0.00
Total Non-Sufficient Funds (NSF) Fees	\$0.00	\$0.00

Note: Fee reversals/refunds won't be reflected in this table. They'll be listed in the transaction section.

### Transactions

Date	Description	Debits	Credits	Balance
01/23	Beginning Balance			\$999.75
01/23	RECURRING POS DEBIT 012325 4899012325 APPLE COM CUPERTINO CA	\$3.24		\$996.51
01/27	PAYMENT RECEIPT CREDIT 012725 4829012725 VENMO*Luffman Jeffrey Visa Direct NY		\$49.30	\$1,045.81

## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 01/23/2025 to 02/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
01/27	DEBIT CARD PURCHASE 012425 5818012425 Amazon Music*ZG03A6TE1 888-802-3080 WA	\$9.99		\$1,035.82
01/27	RECURRING DEB CARD PURCH 012625 5818012625 APPLE.COM/BILL 866-712-7753 CA	\$16.99		\$1,018.83
01/27	RECURRING DEB CARD PURCH 012525 4814012525 ADT*500239315 ADT.COM FL	\$77.67		\$941.16
01/27	ATM WITHDRAWAL 012525 6011012525 PAI ISO COLLINSVILLE IL	\$80.00		\$861.16
01/28	ATM WITHDRAWAL 012825 6011012825 PAI ISO COLLINSVILLE IL	\$75.00		\$786.16
01/28	DEBIT CARD PURCHASE 012625 5999012625 US JIU JITSU FEDERATIO 949-878-3510 CA	\$134.00		\$652.16
01/28	ACH WITHDRAWAL 012825 VENMO REPAYMENT *****4270	\$139.00		\$513.16
01/29	ACH DEP 013125 DFAS-CLEVELAND RET NET *****6577		\$2,015.22	\$2,528.38
01/29	ACH DEP 013125 DFAS-CLEVELAND CRSC PAY *****6577		\$2,232.35	\$4,760.73
01/29	ACH DEP 013125 VACP TREAS 310 XXVA BENEF *****3600		\$4,093.35	\$8,854.08
01/29	DEBIT CARD PURCHASE 012925 5818012925 Prime Video Channels amzn.com/billWA	\$13.99		\$8,840.09
01/29	POS DEBIT 012925 5411012925 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$19.71		\$8,820.38
01/29	POS DEBIT 012925 5411012925 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$129.04		\$8,691.34
01/29	USAA CREDIT CARD PAYMENT CREDIT CARD ENDING IN 1162	\$951.13		\$7,740.21
01/30	ACH DEP 013125 VAED TREAS 310 XXVA EDUC *****3600		\$536.88	\$8,277.09
01/30	ACH DEP 020325 SSA TREAS 310 XXSOC SEC ***** SSA		\$2,262.80	\$10,539.89

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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 01/23/2025 to 02/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
01/30	ATM REBATE		\$3.50	\$10,543.39
	\$203.50 ATM W/D 2537 VANDALIA ST on 01/30			
01/30	DEBIT CARD PURCHASE 013025 5818013025	\$2.49		\$10,540.90
	Kindle Svcs*Z748B8BV2 888-802-3080 WA			
01/30	DEBIT CARD PURCHASE 012925 5818012925	\$10.82		\$10,530.08
	APPLE.COM/BILL 866-712-7753 CA			
01/30	DEBIT CARD PURCHASE 012925 4814012925	\$60.00		\$10,470.08
	ATT*BILL PAYMENT 800-331-0500 TX			
01/30	ATM WITHDRAWAL	\$203.50		\$10,266.58
	013025 6011013025			
	P709487 MARYVILLE IL			
01/30	RECURRING DEB CARD PURCH 012925 4900012925	\$574.69		\$9,691.89
	SPI*AMERENIL 888-789-2477 MO			
01/30	ACH WITHDRAWAL 013025	\$250.00		\$9,441.89
	VENMO REPAYMENT			
	*****6791			
01/30	ACH WITHDRAWAL 013025	\$296.24		\$9,145.65
	DISCOVER E-PAYMENT			
	*****2235			
01/30	ACH WITHDRAWAL 013025	\$815.89		\$8,329.76
	APPLECARD GSBANK PAYMENT			
	*****4596			
01/31	RECURRING DEB CARD PURCH 013025 4814013025	\$63.99		\$8,265.77
	ADT*500239315 ADT.COM FL			
01/31	RECURRING DEB CARD PURCH 013025 4814013025	\$63.99		\$8,201.78
	ADT*500239315 ADT.COM FL			
01/31	ATM WITHDRAWAL	\$90.00		\$8,111.78
	013125 6011013125			
	PAI ISO COLLINSVILLE IL			
02/03	DEBIT CARD REFUND 020225 4816020225		\$169.99	\$8,281.77
	NETGEAR INC 408-890-3088 CA			
02/03	DEBIT CARD PURCHASE 020225 5818020225	\$2.99		\$8,278.78
	Prime Video *ZC82N0DQ1 888-802-3080 WA			
02/03	RECURRING DEB CARD PURCH 020325 5818020325	\$4.32		\$8,274.46
	Microsoft*Marketplace P 425-6816830 WA			
02/03	DEBIT CARD PURCHASE 020225 5968020225	\$14.95		\$8,259.51
	Audible*ZC8HH38H1 Amzn.com/billNJ			
02/03	POS DEBIT 020325 5411020325	\$18.18		\$8,241.33
	RULER FOODS #274 COLLINSVILLE IL			
02/03	DEBIT CARD PURCHASE 020125 5942020125	\$28.16		\$8,213.17
	AMAZON MKTPL*Z79EE9ORO Amzn.com/billWA			



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## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 01/23/2025 to 02/21/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
02/03	DEBIT CARD PURCHASE 020125 5942020125 AMAZON MKTPL*Z792X0CHO Amzn.com/billWA	\$33.94		\$8,179.23
02/03	POS DEBIT 020125 5542020125 CIRCLE K # 01355 COLLINSVILLE IL	\$55.89		\$8,123.34
02/03	RECURRING DEB CARD PURCH 020125 5818020125 APPLE.COM/BILL 866-712-7753 CA	\$83.40		\$8,039.94
02/03	DEBIT CARD PURCHASE 020125 7911020125 NORTH BROADWAY JIU JITS 314-660-4820 MO	\$195.00		\$7,844.94
02/03	DEBIT CARD PURCHASE 013125 5933013125 PAWN KING #3759 COLLINSVILLE IL	\$300.00		\$7,544.94
02/03	DEBIT CARD PURCHASE 020325 5942020325 AMAZON MKTPL*Z765E91WO Amzn.com/billWA	\$321.53		\$7,223.41
02/03	ACH WITHDRAWAL 020325 NSM DBAMR.COOPER NSM DBAMR *****0764	\$2,184.42		\$5,038.99
02/04	DEBIT CARD PURCHASE 020325 5814020325 SONIC DRIVE IN #3972 COLLINSVILLE IL	\$31.20		\$5,007.79
02/04	ATM WITHDRAWAL 020425 6011020425 CK001355 COLLINSVILLE IL	\$200.00		\$4,807.79
02/04	ATM WITHDRAWAL 020425 6011020425 CK001355 COLLINSVILLE IL	\$200.00		\$4,607.79
02/04	ACH WITHDRAWAL 020425 USAA P&C AUTOPAY *****6790	\$225.84		\$4,381.95
02/04	ACH WITHDRAWAL 020425 TOYOTA ACH RTL 02012025 *****7TDC	\$904.59		\$3,477.36
02/05	DEBIT CARD PURCHASE 020525 5968020525 Amazon Prime*Z77YC4JG1 Amzn.com/billWA	\$14.99		\$3,462.37
02/05	RECURRING DEB CARD PURCH 020525 5818020525 APPLE.COM/BILL 866-712-7753 CA	\$15.14		\$3,447.23
02/05	RECURRING DEB CARD PURCH 020525 5816020525 GOOGLE *Google One 855-836-3987 CA	\$19.99		\$3,427.24
02/05	POS DEBIT 020525 5411020525 SCHNUCKS COLLINS SCHNUK COLLINSVILLE IL	\$235.76		\$3,191.48
02/05	ACH WITHDRAWAL 020525 TOYOTA ACH RTL 02042025 *****WOZK	\$904.59		\$2,286.89

## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 01/23/2025 to 02/21/2025

## Transactions (continued)

Date	Description	Debits	Credits	Balance
02/06	POS DEBIT 020625 5331020625 DOLLARTREE COLLINSVILLE IL	\$13.98		\$2,272.91
02/07	DEBIT CARD PURCHASE 020625 5818020625 Amazon Digit*PN3MZ9PU3 888-802-3080 WA	\$7.99		\$2,264.92
02/07	DEBIT CARD PURCHASE 020725 5818020725 Kindle Unltd*YG62K4L63 888-802-3080 WA	\$11.99		\$2,252.93
02/07	DEBIT CARD PURCHASE 020725 6012020725 SYNCB PHONE PAYMENT 800-292-7508 GA	\$300.00		\$1,952.93
02/07	ACH WITHDRAWAL 020725 FEDVIP-BENEFEDS FEDVIPPREM *****0D01	\$56.38		\$1,896.55
02/10	DEBIT CARD PURCHASE 020725 5814020725 STARBUCKS STORE 68519 COLLINSVILLE IL	\$9.12		\$1,887.43
02/10	RECURRING DEB CARD PURCH 020925 5968020925 ANC*ANCESTRY.COM 800-2623787 UT	\$10.00		\$1,877.43
02/10	RECURRING POS DEBIT 020925 6012020925 AFFIRM PAY U2H SAN FRANCISCO CA	\$67.88		\$1,809.55
02/11	DEBIT CARD PURCHASE 021025 5814021025 STARBUCKS 68519 COLLINSVILLE IL	\$9.12		\$1,800.43
02/12	DEBIT CARD PURCHASE 021225 5734021225 COCALC.COM - SAGEMATH COCALC.COM WA	\$6.40		\$1,794.03
02/12	RECURRING DEB CARD PURCH 021225 5818021225 APPLE.COM/BILL 866-712-7753 CA	\$10.82		\$1,783.21
02/12	RECURRING DEB CARD PURCH 021125 4814021125 T-MOBILE WEB PAYMENT 877-453-1304 WA	\$240.04		\$1,543.17
02/13	DEBIT CARD PURCHASE 021225 7399021225 CORPORATE FILINGS LLC 888-7898466 WY	\$27.00		\$1,516.17
02/14	RECURRING DEB CARD PURCH 021425 5818021425 APPLE.COM/BILL 866-712-7753 CA	\$9.99		\$1,506.18
02/18	ACH DEP 021925 TOUCHNET WEB PYMT *****1601		\$11,768.00	\$13,274.18
02/18	POS DEBIT 021825 5912021825 WALGREENS STORE 102 W V EDWARDSVILLE IL	\$24.73		\$13,249.45
02/18	DEBIT CARD PURCHASE 021725 5814021725 SONIC DRIVE IN #3972 COLLINSVILLE IL	\$25.69		\$13,223.76
02/18	DEBIT CARD PURCHASE 021825 5942021825 AMAZON MKTPL*L93999OQ3 Amzn.com/billWA	\$43.33		\$13,180.43
02/18	RECURRING DEB CARD PURCH 021825 4899021825 FuboTV Inc 844-4413826 NY	\$97.98		\$13,082.45

## USAA CLASSIC CHECKING

for Account Number: 0241952999

Statement Period: 01/23/2025 to 02/21/2025

**Transactions (continued)**

Date	Description	Debits	Credits	Balance
02/18	ACH WITHDRAWAL 021825 HOME DEPOT AUTO PYMT *****0500	\$120.00		\$12,962.45
02/20	DEBIT CARD PURCHASE 021925 5814021925 HARDEES 1500695 COLLINSVILLE IL	\$25.57		\$12,936.88
02/20	POS DEBIT 022025 5411022025 ALDI 41053 COLLINSVILLE IL	\$62.18		\$12,874.70
02/21	USAA CREDIT CARD PAYMENT CREDIT CARD ENDING IN 1162	\$133.77		\$12,740.93
02/21	USAA DEBIT Zelle: Shirley Luffman 6372740807	\$1,000.00		\$11,740.93
02/21	IOD INTEREST PAID		\$0.03	\$11,740.96
02/21	Ending Balance	-	-	\$11,740.96

**Interest Paid Information**

Your interest paid was calculated using your daily ledger balance resulting in 30 days where interest earned was equal to one half of one cent or more for an annual percentage yield earned of 0.01%.



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10750 McDermott Freeway  
San Antonio, Texas 78288-0544

## YOUTH SPENDING CHECKING

for Account Number: 0334956161  
Statement Period: 03/11/2025 to 04/10/2025

DAISEY LUFFMAN  
JEFFREY LUFFMAN  
SHIRLEY JUNE LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

### Activity Summary

Beginning Balance	\$171.77
1 Deposits/Credits	\$100.00
0 Withdrawals/Debits	\$0.00
Service Charges and ATM Service Fee	\$0.00
Ending Balance	\$271.77

Fees	Total For This Period	Total Year-to-Date
Total Overdraft (OD) Fees	\$0.00	\$0.00
Total Non-Sufficient Funds (NSF) Fees	\$0.00	\$0.00

Note: Fee reversals/refunds won't be reflected in this table. They'll be listed in the transaction section.

### Transactions

Date	Description	Debits	Credits	Balance
03/11	Beginning Balance			\$171.77
03/31	USAA FUNDS TRANSFER CR FROM Jeffrey Luffman CHECKING #2999, CONF# 6467513817		\$100.00	\$271.77
04/10	Ending Balance	-	-	\$271.77

### Interest Paid Information

Your interest paid was calculated using your daily ledger balance resulting in 0 days where interest earned was equal to one half of one cent or more for an annual percentage yield earned of 0.00%.

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10750 McDermott Freeway  
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## USAA YOUTH SAVINGS

for Account Number: 0334956188  
Statement Period: 03/18/2025 to 04/17/2025

DAISEY LUFFMAN  
JEFFREY LUFFMAN  
SHIRLEY JUNE LUFFMAN  
212 CAMELOT DR  
COLLINSVILLE IL 62234-4813

### Activity Summary

Beginning Balance	\$150.00
1 Deposits/Credits	\$100.00
0 Withdrawals/Debits	\$0.00
Service Charges and ATM Service Fee	\$0.00
Ending Balance	\$250.00

Fees	Total For This Period	Total Year-to-Date
Total Overdraft (OD) Fees	\$0.00	\$0.00
Total Non-Sufficient Funds (NSF) Fees	\$0.00	\$0.00

Note: Fee reversals/refunds won't be reflected in this table. They'll be listed in the transaction section.

### Transactions

Date	Description	Debits	Credits	Balance
03/18	Beginning Balance			\$150.00
03/31	USAA FUNDS TRANSFER CR FROM Jeffrey Luffman CHECKING #2999, CONF# 6467515417		\$100.00	\$250.00
04/17	Ending Balance	-	-	\$250.00

### Interest Paid Information

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10 of 10

100

< Cash Scheduled Details

Amount - \$218.74

Transaction description USAA INSURANCE BILL PAYMENT

Transaction type Withdrawal

Date 06/01/2025

To Account Insurance Bill \*\*

Authorized On 05/07/2025

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Edwardsville, IL 62025

(618) 656-4226



Jeffrey Luffman  
212 Camelot Drive  
Collinsville, IL 62234

**Invoice**

Invoice Number	3009
Invoice Date	05/01/2025
Amount Due	<b>\$0.00</b>

**Fees**

Date	Subject	Hours	Total
04/04/2025	Email receipt/review re: unfounded DCFS	0.20	\$36.00
04/04/2025	Email receipt/review re: eczema	0.20	\$36.00
04/07/2025	email from CL to GAL re bullying rec/rev	0.20	\$36.00
04/07/2025	email from CL to M Rozycki re DR APPOINTMENT rec/rev	0.20	\$36.00
04/07/2025	email from J Luffman to GAL Fw: 3/7 Urgent Update: Emotional Pressure on Daisy & Unaddressed Drug Testing Reques rec/rev	0.20	\$36.00
04/07/2025	email from J Luffman to GAL re: Unfounded Abuse Allegation with DCFS and OIEG EEC Investigation rec/rev	0.20	\$36.00
04/08/2025	email rec/rev from CL re spring break	0.10	\$18.00
04/08/2025	Email(s) rec/rev	0.30	\$54.00
04/08/2025	Email rec/rev from B Mundorf	0.20	\$36.00
04/09/2025	Email from CL re: daughter safety at school rec/rev	0.20	\$36.00
04/10/2025	Email from CL re ARDC complaint against DosSantos rec/rev	0.20	\$36.00
04/11/2025	Email from CL rec/rev re: daughter	0.20	\$36.00
04/11/2025	Email from CL re: response rec/rev	0.20	\$36.00
04/11/2025	Email from GAL re visitation rec/rev	0.10	\$18.00
04/12/2025	Email from CL re formal req rec/rev	0.20	\$36.00
04/12/2025	Email from CL re IDFP complaint rec/rev	0.20	\$36.00

04/13/2025	Email from cl re: memo to nurse rec/rev	0.20	\$36.00
04/14/2025	Email from cl re screenshot rec/rev	0.10	\$18.00
04/14/2025	Email from CL re dr appt rec/rev	0.20	\$36.00
04/14/2025	Email from CL to GAL re daughter rec/rev	0.20	\$36.00
04/14/2025	Email from GAL re observations rec/rev	0.20	\$36.00
04/14/2025	Email from GAL re consent to speak rec/rev	0.20	\$36.00
04/14/2025	Email from CL to GAL re surgery/photos	0.20	\$36.00
04/14/2025	Email from CL re invoice rec/rev	0.20	\$36.00
04/15/2025	Email from CL re billing concerns rec/rev	0.20	\$36.00
04/15/2025	Email from CL re itemized billing rec/rev	0.10	\$18.00
04/15/2025	Email from CL re billing irregularities rec/rev	0.10	\$18.00
04/15/2025	Review file; correspondence to opposing counsel pursuant to Supreme Court Rule 201k	0.30	\$67.50
04/15/2025	Email from GAL rec/rev	0.10	\$18.00
04/15/2025	Email from CL to GAL rec/rev	0.20	\$36.00
04/15/2025	Email from OPC re J Luffman email rec/rev	0.10	\$18.00
04/15/2025	Email from GAL rec/rev	0.10	\$18.00
04/15/2025	Email from J Luffman to M Rozycki re dermatology rec/rev	0.10	\$18.00
04/15/2025	Email from J Luffman to M Rozycki re hearing appt rec/rev	0.10	\$18.00
04/15/2025	Email from J Luffman attys of Guin Mundorf rec/rev	0.20	\$36.00
04/15/2025	Email from J Luffman to M Rozycki re: dermatologist name rec/rev	0.10	\$18.00
04/16/2025	Email from CL re motion to discharge rec/rev/resp	0.20	\$36.00
04/18/2025	Email from CL w/multiple attachments rec/rev	0.20	\$36.00
04/18/2025	Email from CL to M Rozycki re hearing test rec/rev	0.10	\$18.00
04/18/2025	Email from CL re student follow up rec/rev	0.20	\$36.00
04/20/2025	Email from CL motion for appt of spc counsel rec/rev	0.10	\$18.00
04/21/2025	copies of docs sent in by CL saved to file	0.10	\$18.00
04/24/2025	Email from CL re formal req for legal opinion rec/rev	0.10	\$18.00
04/25/2025	1 internal message sent/reviewed	0.10	\$39.00
04/25/2025	Motion to discharge DMF reviewed	0.20	\$78.00
04/27/2025	email from J Luffman re formal req for legal opinion rec/rev	0.10	\$18.00
04/27/2025	email from J Luffman to superintendent skertich	0.10	\$18.00
04/27/2025	email from J Luffman to Mr Saunders	0.10	\$18.00
04/27/2025	email from J Luffman re oversight	0.10	\$18.00

04/28/2025 motw drafted/efiled; certified mail to CL

0.40 \$72.00

**\$1,588.50**

## Expenses

Date	Subject	Cost	Qty	Total
04/29/2025	Certified mail copy of motw	\$9.92	1.00	\$9.92
				<b>\$9.92</b>

<b>Subtotal</b>	<b>\$1,598.42</b>
-----------------	-------------------

<b>Total</b>	<b>\$1,598.42</b>
--------------	-------------------

<b>Payments</b>	<b>-\$1,598.42</b>
-----------------	--------------------

<b>Total Balance Due</b>	<b>\$0.00</b>
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## Prior Balances

Date	Invoice Number	Due Date	Amount	Payments/Credits	Due
04/01/2025	2854	04/30/2025	\$2,176.50	\$2,176.50	\$0.00
<b>Total</b>			<b>\$2,176.50</b>	<b>\$2,176.50</b>	<b>\$0.00</b>

## Account Summary

Account Name	Balance
Operating Retainer	\$0.00
Trust	\$3,225.08
<b>Total</b>	<b>\$3,225.08</b>

10/7/22, 11:48 AM

FEDVIP dental coverage details | BENEFEDS

## My profile

[Manage my alerts \(/my-profile/manage-alert\)](/my-profile/manage-alert)

### Account information

[Edit](#)**User ID**

JEFFREY.LUFFMAN@OUTLOOK.COM

**Password**

\*\*\*\*\*

**Security question 1**

What is the name of the city where you were born?

**Answer 1**

\*\*\*\*\*

**Security question 2**

What is the name of your high school mascot?

**Answer 2**

\*\*\*\*\*

### Enrollee information

[Edit](#)**Ms. Daisey Luffman**

\*\*\*-\*\*-2925

September 22, 2017

Female

jeffrey.luffman@outlook.com

(912) 318-7505 | Mobile

**Relationship to sponsor**

Unmarried dependent child under the age of 21 years

**Address**

2901 UNIVERSITY MEADOWS DR APT 828

SAINT LOUIS, MO 63121

United States

**Mailing**<https://www.benefeds.com/my-profile>

10/7/22, 11:48 AM

FEDVIP dental coverage details | BENEFEDS

Jeffrey Luffman  
2901 University Meadows Dr  
apt 828  
SAINT LOUIS, MO 63121  
United States

### Communication preferences

None

## Branch of service

Need to edit?

US Military Retired (DFAS) - Army

## Eligibility information

Need to edit?

### Employment Status

Family Member of a Retired Uniformed Service Member or Retired Reserve Member

[Back to My BENEFEDS \(/dashboard\)](/dashboard)

[Privacy Notice](#)

[Enrollment Terms & Conditions](#)



**OPM.GOV** (<http://www.opm.gov/>)

**USA.gov** (<http://www.usa.gov/>)



DEFENSE FINANCE AND ACCOUNTING SERVICE  
Retired and Annuitant Pay  
8899 E 56th Street - Retired Pay  
Indianapolis, IN 46249-1200  
<https://www.dfas.mil/RetiredMilitary/>

January 15, 2025

JEFFREY S LUFFMAN  
2901 UNIVERSITY MEADOWS DR  
APT 322  
SAINT LOUIS, MO 631214654

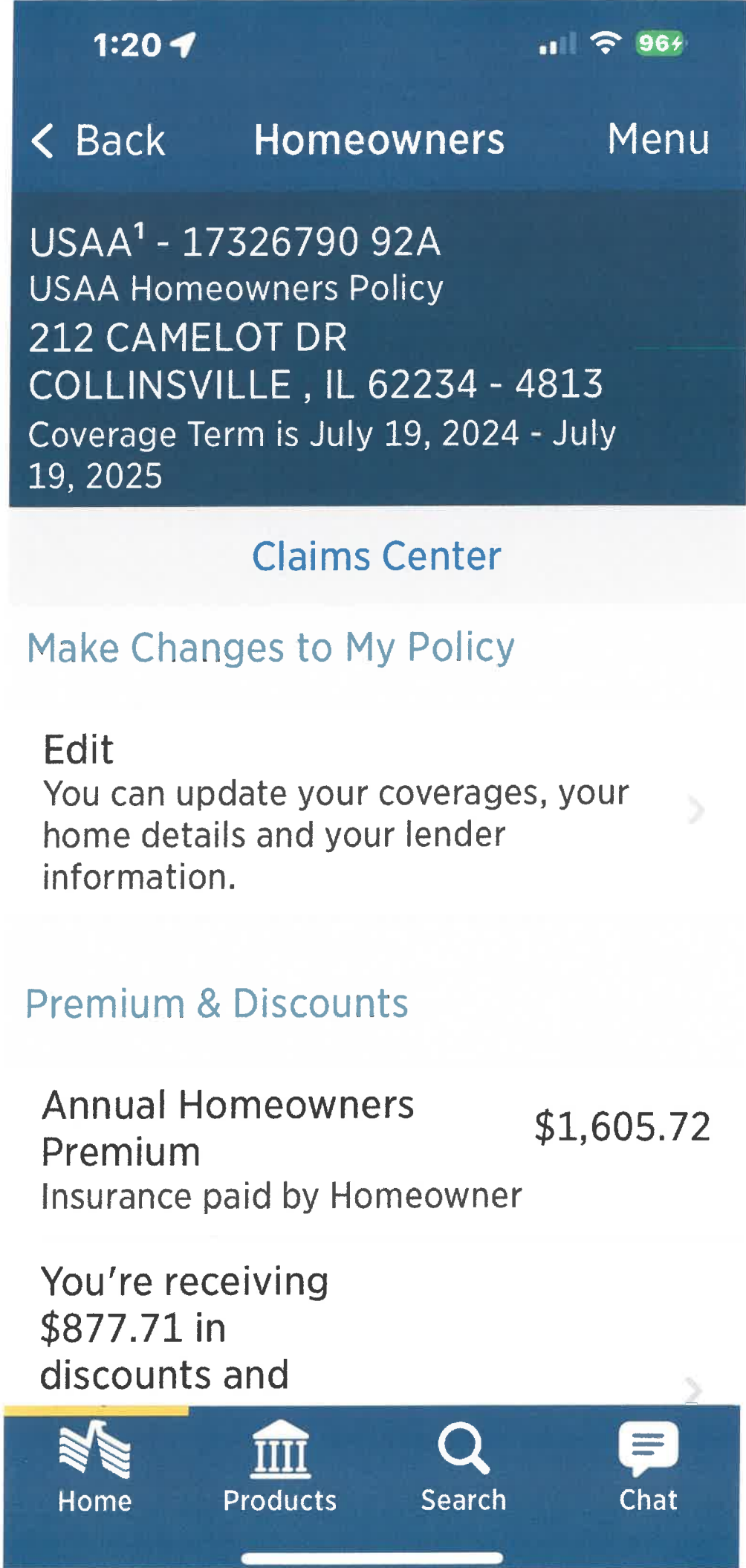
TO WHOM IT MAY CONCERN:

Reference is made to your request for certification regarding receipt of Military pay in the account of JEFFREY S LUFFMAN.

This is to certify that the member is on the Retired rolls of this Center and is currently entitled to pay at the gross monthly rate of \$6,665.00 which is normally payable during his/her lifetime.

Sincerely,

Retired Pay Department



1:37



\$9,860



Recommendation available



Ashley Advantage®  
Credit Card

\$5,962

26 days ago

Link this account



Home Depot Consumer  
Credit Card

\$2,754

8 days ago

Link this account



Venmo Credit Card

\$1,056

Link this account

3 days ago



USAA Secured Visa®  
Platinum Credit Card

\$88

today

9% credit usage



For you



Cards



Loans



Insurance



Money

1:37



< Cards

Cards Find a card



Link this account



**Venmo Credit Card** **\$1,056**  
Link this account 3 days ago



**USAA Secured Visa®  
Platinum Credit Card** **\$88**  
9% credit usage today



**Apple Card** **\$0**  
Link this account 37 days ago



**Discover it® Cash Back** **\$0**  
Link this account 3 days ago



For you



Cards



Loans



Insurance



Money

1:38



**Loans**

Loans

Find a loan

Total reported balance

**\$367,035**



**Recommendations up to date**



**NSTAR/COOPER**

**\$271,113**

\$2,184/mo



**TOYOTA MTR**

**\$57,260**

\$904/mo



**EDFINANCIAL**

**\$10,872**



**For you**



Cards



Loans



Insurance



Money

1:38



EDFINANCIAL

\$10,354



EDFINANCIAL

\$7,786



EDFINANCIAL

\$4,330



EDFINANCIAL

\$2,820



EDFINANCIAL

\$2,500



OAG CHILD SU

\$0

Financial calculators and

Financial calculators and



For you



Cards



Loans



Insurance



Money

2:02



10 of 10

100

< Cash

Scheduled Details

Amount

-\$218.74

Transaction description

USAA INSURANCE  
BILL PAYMENT

Transaction type

Withdrawal

Date

06/01/2025

To Account

Insurance Bill \*\*

Authorized On

05/07/2025

View on Bill Pay



The Cleaning Authority  
10309 Lincoln Trail  
Fairview Heights, IL 62208  
618-213-8295  
[www.thecleaningauthority.com/fairviewheights](http://www.thecleaningauthority.com/fairviewheights)

Dear Jeffrey Luffman:

Thank you for allowing The Cleaning Authority to clean your home. We appreciate your business and hope that we will be able to satisfy your cleaning needs.

As a reminder, today's clean is an "Initial Clean A," which is a detailed clean of your kitchen and bathrooms and a general, but thorough, clean of your living and sleeping areas.

Your next clean will be an "Initial Clean B." It will be a detailed clean of the living and sleeping areas and a general, but thorough, clean of your bathrooms and kitchen.

Tell us how we did today! Fill out our feedback survey by visiting [www.thecleaningauthority.com/fairviewheights](http://www.thecleaningauthority.com/fairviewheights) and clicking on the "Send us your feedback" tab. If anything was less than perfect, please let us know so that we can be perfect next time!

If you have any questions or concerns please feel free to call us at 618-213-8295. Again, thank you for your business.

Sincerely,

THE CLEANING AUTHORITY

P.S. keep tabs of your account with us by accessing your customer portal. Create your login using your customer account number: 5389169. Visit [www.thecleaningauthority.com/fairviewheights](http://www.thecleaningauthority.com/fairviewheights) to setup your login today!

TM 8 Chrissy - Ryleigh  
Have a great day  
Thank you for letting us clean your  
home.  
Please rate our clean on our app!

# INITIAL CLEANS

The Cleaning Authority begins your cleaning service by getting your home "Detail-Clean" on the first two cleans. Your first clean, Initial Clean A, is a Detail-Clean of your kitchen and bathrooms, as well as a general, but thorough cleaning of your living and sleeping areas. Your second clean, Initial Clean B, is a Detail-Clean of your living and sleeping areas, as well as a general, but thorough cleaning of your kitchen and bathrooms.

Initial Clean A and B are a complete, top-to-bottom clean of your home. Because of the detail work that is performed on the first two cleans and the extra amount of time spent, The Cleaning Authority charges an additional fee for these first two cleans. From hand wiping your baseboards to vacuuming underneath your sofa cushions, we clean the corners other companies cut. Following your two Initial Cleans, your home is ready to be maintained using our Exclusive Detail-Clean Rotation System.

## 1ST CLEAN - INITIAL A

### KITCHEN & BATHROOMS DETAIL

- ✓ Tile grouting scrubbed
- ✓ Shower door given extra attention
- ✓ Doors and door frames hand wiped
- ✓ Knickknacks individually cleaned
- ✓ Fronts of cabinets hand wiped
- ✓ Baseboards and window sills hand wiped
- ✓ Floors given extra attention
- ✓ Faucets, sinks, and drains toothbrushed
- ✓ Inside of range hood cleaned
- ✓ Drip pans or glass top surfaces cleaned
- ✓ Appliances cleaned and shined
- ✓ Knickknack areas cleaned
- ✓ All kitchen furniture hand wiped

*PLUS, the General Section for Kitchen & Bathrooms from Initial Clean B*

### GENERAL - SLEEPING & LIVING AREAS

- ✓ Flat areas hand wiped
- ✓ Doors and door frames spot cleaned
- ✓ Cobwebs removed
- ✓ Picture frames dusted
- ✓ Ceiling fans dusted
- ✓ Lamp shades dusted
- ✓ Intricate items dusted
- ✓ Heavy knickknack areas dusted
- ✓ Window sills, ledges, and blinds dusted
- ✓ Wood floors vacuumed and damp mopped
- ✓ Stairs vacuumed
- ✓ Empty closet floors vacuumed
- ✓ All readily accessible floors vacuumed

## 2ND CLEAN - INITIAL B

### SLEEPING & LIVING AREAS DETAIL

- ✓ Doors and door frames hand wiped
  - ✓ Window sills and ledges hand wiped
  - ✓ Knickknacks individually cleaned
  - ✓ Furniture surfaces hand wiped
  - ✓ Baseboards hand wiped
  - ✓ Furniture and upholstery vacuumed
  - ✓ Carpet edges vacuumed
  - ✓ Floors given extra attention
  - ✓ Accessible areas under furniture vacuumed
- PLUS, the General Section for Sleeping & Living Areas from Initial Clean A*

### GENERAL - KITCHEN & BATHROOMS

- ✓ Tile walls, bathtubs and showers cleaned
- ✓ Shower doors cleaned
- ✓ Vanity and sink cleaned
- ✓ Mirrors and chrome fixtures cleaned and shined
- ✓ Toilets thoroughly cleaned
- ✓ Cobwebs removed
- ✓ Counter tops cleaned
- ✓ Outside of range hood cleaned
- ✓ Top and front of range cleaned
- ✓ Drip pans or glass top surfaces wiped
- ✓ Sinks cleaned and chrome shined
- ✓ Fronts of all appliances cleaned
- ✓ Floors vacuumed and damp mopped
- ✓ Window sills, ledges, and blinds dusted
- ✓ Microwave wiped out
- ✓ Doors and door frames spot cleaned
- ✓ General dusting

7:48



Friday, 05/16

Area of Rotation: ⓘ  
Sleeping Areas

On-Request Rooms: ⓘ

Primary Bedroom (+\$20/clean) ☒

Hall Bedroom (+\$20/clean) ☒

Hall Bedroom (+\$20/clean) ☒

Basement Bedroom (+\$11/clean) ☒

Basement Bedroom (+\$11/clean) ☒

Clean Price \$219.00

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Total Cost \$219.00

Bill Summary

Bill History

Bill Comparison

Bill Date	Electric	Gas	Total	Actions
04/22/2025	\$168.12	\$41.74	\$209.86	<a href="#">Compare</a> <a href="#">View bill PDF</a>
03/24/2025	\$275.45	\$40.71	\$316.16	<a href="#">Compare</a> <a href="#">View bill PDF</a>
02/21/2025	\$445.38	\$37.68	\$483.06	<a href="#">Compare</a> <a href="#">View bill PDF</a>
01/23/2025	\$539.08	\$35.61	\$574.69	<a href="#">Compare</a> <a href="#">View bill PDF</a>
12/23/2024	\$325.96	\$41.27	\$367.23	<a href="#">Compare</a> <a href="#">View bill PDF</a>
11/20/2024	\$142.41	\$40.50	\$182.91	<a href="#">Compare</a> <a href="#">View bill PDF</a>
10/21/2024	\$135.87	\$38.36	\$174.23	<a href="#">Compare</a> <a href="#">View bill PDF</a>
09/20/2024	\$181.17	\$32.54	\$213.71	<a href="#">Compare</a> <a href="#">View bill PDF</a>
08/21/2024	\$201.70	\$36.09	\$237.79	<a href="#">Compare</a> <a href="#">View bill PDF</a>
07/23/2024	\$15.19	\$2.27	\$17.46	<a href="#">View bill PDF</a>

The energy consumption costs shown represent a snap shot of your account activity. Account changes (for example, Payment Agreements, Past Due Amounts, Account Deposits, etc.) may affect the information presented in this chart, which means this chart may not align with your monthly bill.

## Quick Links

**Pay My Bills**

**View Payment History >**